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1^{er} décembre 2020

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LEGISLATIVE ASSEMBLY OF ONTARIO

Tuesday 1 December 2020

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Mardi 1^{er} décembre 2020

The House met at 0900.

The Speaker (Hon. Ted Arnott): Good morning. Let us pray.

Prayers.

ORDERS OF THE DAY

TIME ALLOCATION

Ms. Andrea Khanjin: I move that, pursuant to standing order 50 and notwithstanding any other standing order or special order of the House relating to Bill 236, An Act in respect of food and beverage delivery fees;

That the order of the House referring the bill to the Standing Committee on General Government be discharged; and

That the bill shall be ordered for third reading; and

That when the order for third reading of Bill 236 is called, two hours of debate shall be allotted to the third reading stage of the bill, with 50 minutes allotted to the government members, 50 minutes allotted to the official opposition members and 20 minutes allotted to the independent members as a group; and at the end of this time, the Speaker shall interrupt the proceedings and shall put every question necessary to dispose of this stage of the bill without further debate or amendment; and

That except in the case of a recorded division arising from morning orders of the day, pursuant to standing order 10(c), no deferral of the third reading vote on the bill shall be permitted.

The Acting Speaker (Mr. Percy Hatfield): Ms. Khanjin has moved government notice of motion number 100. I return to the member from Barrie–Innisfil.

Ms. Andrea Khanjin: Thank you, Speaker. I think we've seen a lot of debate and a lot of news on this. We've seen from the members of the Liberal Party that there is no time to wait on this specific bill. These food delivery service operators, consumers and businesses do need the relief now, so I ask that we support this going forward. There's no more time to wait for this important step. I want to thank the minister for introducing it, as it's very vital for our food businesses to thrive.

The Acting Speaker (Mr. Percy Hatfield): Further debate?

Mr. Gilles Bisson: Mr. Speaker, I'm not going to speak to this at length. Obviously, we have the ability to do that, but at this point, in this case, we're not going to do so.

I want to put a couple of things on the record. The first thing is that we've been calling for months now, dating back to last spring—the official opposition and other

members of the House—for something to be done in order to curb the fees that are charged to restaurants that deliver food. As you know, there's a 30% fee on orders placed, and for a lot of restaurants, that is, quite frankly, pretty difficult, because it takes away whatever little margin they may have on the food. We have been calling on the government to limit these delivery charges during the time of the pandemic. Everybody should have to do their part, and so should Uber and all of those other companies that do this kind of thing.

Unfortunately, the government didn't do so until now. They decided to introduce a bill at this pretty late stage of the game. But better late than never, as they say. We're not going to say we shouldn't do it, because obviously there's still a lot of road ahead of us. Even though there are places outside of Peel and Toronto that are not in lockdown, this is an issue for a lot of places and communities, such as yours, Mr. Speaker, and mine, because a lot of people do not want to go into restaurants, even in those places where there is no lockdown. They feel that it's safer to eat at home, so they're ordering out.

Those particular delivery companies are charging those 30% charges, and sometimes more, to the restaurants—restaurants in Windsor, Ottawa, London, Timmins and Thunder Bay, different places around the province. The difficulty New Democrats have with this bill—we will support it; better one eighth of a loaf than no loaf. I will support it, but the bill doesn't really do what it's intended to do. First of all, it only applies to restaurants in lockdown areas. Right? That's the only place this bill is going to apply. So if you live in Windsor, if you live in Niagara, if you live in Ottawa, the bill doesn't apply to you. Your restaurants are going to end up having to pay the same rates that they are now. There's no respite for them.

And it doesn't apply to franchise restaurants. So if you're a franchise restaurant—and it's not like the person who runs the franchise owns Swiss Chalet or owns Burger King or whatever it might be. They are, like everybody else, a small business owner who is renting a facility, utilizing the name and paying a fee through franchise fees to run whatever other business, such as Quiznos or whatever it might be. Those delivery fee reductions don't apply to them.

New Democrats said, "Listen, we don't want to allow this thing to go lickety-split without any time in committee, because we need to send this bill to committee and make sure that it applies to the people in Ottawa, make sure that it applies to the people in Niagara, Windsor and places in northern Ontario and outside of Peel and the GTA." But the Liberals and the Conservatives got together

and said, “No, we just want to help some people. We don’t want to help all people.” That’s why we were trying to force this bill into committee, in order to get some time so that we can actually make the amendment.

What has become clear through this debate, Mr. Speaker, is neither the Liberals nor the Conservatives—I’ve always said Liberals and Tories are just Tories and Liberals in a hurry to work together. They essentially have decided that this is all about the politics of a communications strategy. This is about saying you’re going to do something, but really not doing what you say you’re going to do. In the end, we want to say, as New Democrats, we think that’s wrong. We think that the Liberals should stop propping up the Conservatives with ideas such as this. I think that is not a good thing to do. I think at times, you have to stand up for your communities—places like Ottawa, places like Kingston or wherever—where this is an issue for many restaurants outside of this area.

So we say a pox on both the Liberal and Tory houses for not doing what’s right for all those restaurant owners and all of those citizens in places outside of Peel and the GTA. Why you would leave them out—we think it’s wrong. New Democrats at least tried to get people to come to reason. In this particular case, because the Liberals are propping up the Tories, they get to do what they want. With that, Mr. Speaker, thank you very much for this time in debate. Merci.

The Acting Speaker (Mr. Percy Hatfield): Further debate?

M^{me} Lucille Collard: I will also not be taking a lot of time, just because I think time is of the essence and that’s the reason we have this motion before us on time allocation. Of course I wouldn’t oppose this motion, since I stood up in this House asking for the process to be speeded up in order to bring immediate relief to our businesses.

I just want to say that last week I had a chance to talk about how businesses are hurt in my riding. The fact that the relief of Bill 236, a cap on delivery fees, applies only to lockdown areas is not of service to my area. In Ottawa, a lot of businesses are suffering. The whole ByWard Market is already almost totally shut down. We’ve got main streets that are ghost towns because, even though Ottawa has reopened businesses to some level, we’ve told people often enough not to go out, to stay home and to take delivery instead of going out. That’s what they’re doing. That’s probably why people in Ottawa are not in such a restricted zone, that they have actually seen some kind of success with controlling the pandemic. That’s because they’re listening and they’re staying home.

The fact that this relief won’t apply to those businesses is just increasing the damage. Some of the damage has already been done. ByWard Market—I was speaking with the other elected officials in Ottawa, of Ottawa–Vanier, a couple of days ago, and they’re just so discouraged to see the state of affairs. Everything is boarded up, and it’s pretty sad. When tourism season opens, if it ever opens again in a normal way, we’ll have little to offer. I would ask the government, first of all, to reconsider, to expand the application of this bill to all the businesses and all the restaurants that need it in the province of Ontario.

I wanted to terminate on just a small note. I think time allocation motions are good things when there are no issues around the fact that it’s the right thing to do, everybody agrees and it’s a speedy measure that we need to implement. But it shouldn’t be used just anecdotally or be abused all the time. I just want to put that on the record as well.

The Acting Speaker (Mr. Percy Hatfield): Further debate? Further debate?

Ms. Khanjin has moved government notice of motion number 100. Is it the pleasure of the House that the motion carry? Carried on division.

Motion agreed to.

The Acting Speaker (Mr. Percy Hatfield): Orders of the day.

Hon. Paul Calandra: No further business.

The Acting Speaker (Mr. Percy Hatfield): No further business at this time, so this House stands in recess until 10:15.

The House recessed from 0912 to 1015.

MEMBERS’ STATEMENTS

COVID-19 RESPONSE

Ms. Teresa J. Armstrong: When the world changed this year, the people in my community rose to the occasion in more ways than one. Those who could stayed home, stayed apart and wore masks. And they are giving back to their communities. The Argyle and Hamilton Road BIAs worked hand in hand with our valuable small businesses to support them through these incredibly trying times. Everyone did their part to keep each other safe.

I also want to highlight the good work of two local heroes. Soon after settling in London, Amna Saleem starting volunteering with the London Muslim Mosque. During the pandemic, as the situation worsened for many less privileged families, Amna and her volunteers at the Caring Canadians Society put together a COVID relief campaign and started distributing supplies. Amna has spent close to 300 hours in the last six months with CCS, providing door-to-door food hampers to hundreds of families and delivering thousands of PPE kits to shelters in London.

Yodit Habtemariam Kidane is currently working as a PSW in a London long-term-care facility. During COVID, when family visits were restricted, the anxiety of not being able to meet their families led to depression and even aggression amongst residents. Yodit and her colleagues, despite being short-staffed, went above and beyond their expected duties to take care of the personal and psychological needs of the residents, at times working shifts overtime to accommodate their needs.

On behalf of my community, thank you to our local BIAs and Amna and Yodit for all the work that you do to lift our spirits up during this very trying time.

SMALL BUSINESS

Ms. Andrea Khanjin: I want to thank all the small businesses that have made the necessary sacrifices and

taken the right steps to keep our communities safe. Our small businesses are our neighbours; they employ our neighbours. It has not been an easy time for them, but they retooled, they pivoted and they did what they needed to do to keep their customers safe while providing their services.

As I visited many local businesses, I saw first-hand how our Barrie and Innisfil businesses are keeping everyone safe and doing everything they can to help their employees and their customers. In fact, I even took Santa along with me to many local businesses as part of the Barrie Chamber of Commerce Santa Tour.

I wanted to emphasize during this tour that this holiday season we cannot forget to shop local and help our neighbours and our friends who are working and who started many of these small businesses in Barrie–Innisfil. They are businesses and people who are there to help our community in need. They sponsor our sports teams and our local charities. Now more than ever, it's time we show them support.

These are people like Gina and Rohan, who just opened On the Mend Massage Therapy and Wellness during COVID. They're like Tracey and Rene from Creative Bean. Rene overcame contracting COVID. They're like Deb and Ralph at the Fork and Plate; John and Lynne at Creative Cafe; Deb at Mad Hatter; Shalu and her family at Dosti Eats; Jennifer at Halliday House; Stephanie at Discount Granite Plus; MJ at the One Face and Body Bar; Oxana and Sergey at Kaleidoscoppe; Dawn Mucci at Lice Squad; and Olu and Titi, who also opened 9Round and had a baby during COVID.

I want to thank them. Have a merry Christmas and happy Hanukkah. Thank you to all our front-line workers for keeping us safe.

PUBLIC TRANSIT

Mr. Peter Tabuns: Ontario is looking at big fare hikes and deep service cuts for public transit in the year to come. Plunging fare box revenue and dropping revenue from the gas tax allocation threaten to damage our public transit systems across the province. We can't let this happen.

Large numbers of essential workers depend on transit to get to work. It's already risky, but more packed buses can only mean increased transmission of COVID. We need to support transit to keep our economy rolling and to avoid increasing pollution if we force people to switch over to travel by car. Ontario has to step up and support our transit systems to help control the spread of the pandemic and to protect our environment.

The Ontario Public Transit Association is calling for more financial support for transit. People will be hurt by fare hikes and service cuts. Ontario has to step up and defend this vital service.

1020

SMALL BUSINESS

Mrs. Robin Martin: As we approach the holiday season, I know that many in my community and many across Ontario are anxious and eager to support our small local

retail stores. They keep our main streets vibrant, interesting and attractive for visitors, and I, for one, am trying to buy every present that I am purchasing at local community stores.

But this year, and especially for those areas in lockdown, like Toronto, where my riding is, it may not be obvious exactly how a shopper can get what they're looking for at small local stores. It's a question I have even asked myself.

Here is what I learned: Many stores are open for curbside pickup or delivery and they're eager to serve people by phone or online. So this weekend, I took the opportunity to look up some phone numbers of some of the local stores and I checked into what they're doing.

I spoke with one creative ladies' fashion retailer on Eglinton who sends out an email newsletter with fashion items for sale to those on her list. Customers can phone or email to order an item in their size or preferred colour and she delivers what she calls "fashion in a bag," or the customer picks it up. It's great to see and it works, and Eglinton–Lawrence has some great local retail stores.

I want to ask everyone: Let's support our local retail stores by shopping online. The owners are making it easier for us to do every day.

COVID-19 RESPONSE

Mr. Gurratan Singh: Brampton is my home; it's where I'm raising my family. It's one of the most dynamic and diverse cities in this country, full of essential workers who keep our province moving.

Brampton has been underserved and underfunded for years by Liberal and Conservative governments. The NDP, we have been raising the alarm on our city's health care crisis for years—the fact that our city of over 600,000 people has only one hospital that is overcrowded and underfunded. But this Conservative government has done nothing to fix our health care crisis.

Now we find ourselves in a pandemic, and Brampton is a COVID-19 hot spot because this Conservative government, just like the Liberals before them, doesn't care about Brampton. It's not an accident. Inaction has consequences, and this Conservative government is going to have to answer for the fact that they didn't stand up for Brampton.

When Conservative and Liberal governments refuse to act, Brampton suffers. For months now, the NDP has been calling for a 15-student class size cap in our schools during the pandemic, but Premier Ford has refused to act. The consequence? We have seen countless outbreaks of COVID-19 throughout schools in Brampton.

Will the Premier be apologizing to Brampton for refusing to act? Will the Premier be apologizing to Brampton for putting our families at risk and refusing to listen to the experts? Brampton is at risk, our families are at risk and our community deserves better. We deserve action to protect our families.

GUELPHGIVES

Mr. Mike Schreiner: Today is Giving Tuesday, the world's largest generosity day to support people in need.

I want to highlight an important campaign in my riding: GuelphGives. Their campaign this year is Think Local, encouraging people to support local non-profits and local businesses.

As the second wave of COVID hits the hardest during the most important month of the year for retail sales and fundraising campaigns, it has never been more important to support local businesses and organizations. Small businesses have experienced a dramatic decline in revenue in order to protect people from COVID. They deserve our support.

Charities and non-profits have also experienced a dramatic loss of revenue at the same time that they are experiencing increased demand for their vital services. A survey in Guelph-Wellington concluded that 53% of organizations have experienced reduced revenue from fundraising. The Ontario Nonprofit Network estimates that one in five non-profits might close their doors before the end of the year. Speaker, we cannot allow this to happen.

I encourage everyone to think local and to give generously today, and I encourage the government to step up with direct supports for local businesses and non-profits.

WINTER IS COMING FOOD DRIVE

Mr. Dave Smith: Ashlee Aitken, the general manager for Kawartha Food Share, approached me with an idea. Historically, between Thanksgiving and Christmas, there's been a drop-off in donations at our local food banks, but the demand for their services doesn't go away.

Ashlee's idea was the Winter is Coming food drive—and when Ashlee comes and asks for help, there's only one answer you can give, so of course I was all in. We chose five dates for food drives in Havelock, Bridgenorth, Lakefield, Buckhorn and Apsley, with all the proceeds going back to the food banks in each of those communities.

I want to give a special shout-out to the member from Thornhill and the member from Willowdale, who both helped me during the Bridgenorth food drive. We also had some other special volunteers who braved the cold with me: Warden J. Murray Jones, Mayor Andy Mitchell, Deputy Mayor Sherry Senis, Councillor Gerry Herron, Councillor Donna Ballantyne, Mayor Jim Martin, Deputy Mayor—and my uncle—Dave Gerow, Mayor Carolyn Amyotte, Deputy Mayor Jim Whelan, Councillor Colin McLellan, and of course the store owners themselves, John Le Quang, Shreek Patel, Ian Bletsoe, Janice York and Jeff Sayers.

In total, Mr. Speaker, our communities donated the equivalent of an astounding \$37,900 worth of food. This will stock those food banks all the way through until some time in January.

NORTHERN ECONOMY

Mr. Sol Mamakwa: As we all know, the journey of economic recovery in Ontario is going to be a long one. Our communities across Kiiwetinoong are very rich, maybe not in dollars but in resources, Mr. Speaker—resources

that are extremely important to the overall economic recovery of this province.

Communities like Red Lake contribute so much to the economy of Ontario and Canada. Over nine years, they've contributed \$3.2 billion to the economy. The money earned from the mining, forestry and other resources needs to stay in the north and benefit our communities. Funds are needed for local services and infrastructure and other community improvements. Municipalities such as Red Lake and Pickle Lake have shovel-ready projects that are waiting on approvals.

I also heard that help is needed. In Sioux Lookout, municipal revenues are down from the airport, which is one of the main hubs of the north with the fly-in communities. So they will need more assistance in long-term care than they are getting now. In Ear Falls, they are concerned about lost revenues. They are looking to expand their revenue streams through the use of crown land within municipal boundaries. This way, Mr. Speaker, they can generate revenue without looking for government support.

Speaker, delaying the growth of the municipalities in Kiiwetinoong slows the economic growth for all Ontario. Meegwetich.

MIRACLE ON MAIN STREET

Mr. Parm Gill: With the Christmas season now here, so too is the Tiger Jeet Singh Foundation's annual Miracle on Main Street in Milton. In partnership with the Halton Regional Police, Miracle on Main is a great tradition in Milton and a tremendous way to get in the holiday spirit.

Thankfully, through the leadership of Milton's own wrestling legends, Tiger Jeet Singh Sr. and his son Tiger Ali Singh Jr., the annual Miracle on Main Street will continue to support children and families in our community.

This year, in a show of true leadership, the Tiger Jeet Singh Foundation will be donating \$30,000 to local schools and will be donating another \$30,000 in support of local restaurants in Milton, Mr. Speaker. I am grateful this important tradition will continue this year, especially during COVID-19.

For the last 11 years, Miracle on Main Street has raised much-needed funds through donations and sponsorships for families, local charities and schools, along with purchasing thousands of toys for kids at McMaster Children's Hospital and SickKids. I would like to thank everyone involved for making this successful each and every year, and I want to thank Tiger Jeet Singh Sr. and Tiger Ali Singh Jr. for their leadership and commitment in helping our community every year.

1030

MEN'S MENTAL HEALTH

Mr. Roman Baber: With the month of November coming to an end yesterday, I'd like to call much-needed attention to men's mental health. There are approximately 4,000 suicides a year in Canada. Many happen during this time of year. Four out of every five suicides are committed by men. This is a national tragedy.

Mental health professionals attribute this to the fact that it's generally difficult for men to admit mental health challenges. Men are less likely to seek help from family or friends. Men are less likely to speak to a doctor. We may feel embarrassed. We may not know what to say. We may not know who to talk to or, worse, think that there is no one to talk to, that no one would understand.

But guys, let's talk about this for a minute. The Movember Foundation conducted a survey that found that eight out of 10 men found it helpful to talk about having a hard time. That makes sense, because we can't fix it unless we acknowledge that something isn't right. And please don't be afraid, because I bet you that at your time of peril, someone out there wants you to call them. It may be a family member that loves you, a friend that needs you, a support worker who cares about you. Tell them. Give them an opportunity to tell you how much they love you.

Give yourself a chance. Give others the chance to give you a chance, because you are precious and we need you here.

QUESTION PERIOD

LONG-TERM CARE

Mr. John Vanthof: My question is to the Premier. Yesterday, another 112 seniors in our long-term-care homes caught COVID-19, in 24 hours. While the second wave races through long-term care, the government continues to delay and obstruct the release of information to their own long-term-care commission. The body is set up to fix the crisis in long-term care. As reported by QP Briefing this morning, the commission refuted the government's claims that they were not delaying the release of documents and pointed to "continual delay."

What information is the Premier afraid to share with the commission?

The Speaker (Hon. Ted Arnott): Minister of Long-Term Care to respond.

Hon. Merrilee Fullerton: Thank you to the member opposite for the question. Our government struck this commission so that residents, families and staff could get answers quickly. We are committed to ensuring the integrity of and public trust in this independent review of our long-term-care sector.

We gave the commission the power to issue summonses for witnesses or produce documents. This includes powers under the Public Inquiries Act and the Health Protection and Promotion Act. We committed to giving the commissioners our full support and co-operation, and we have done that. When the commissioners asked, we expanded the terms of reference, and we have worked with them diligently in many other ways.

We will continue to work with the commission and the commissioners, because we respect what they're doing. We want to get to the bottom of this. Ontarians have questions. We're going to make sure that we continue to

provide our commission with the information that they need and our full support.

Mr. John Vanthof: The Ford government is not just impeding the work of their own commission, but they're also ignoring the commission's recommendations. Over a month ago, the commission called on the government to stop studying the studies and immediately address the staffing crisis with full-time positions and four hours of hands-on care. The minister responded with: They're developing a robust plan for next year.

Seniors are dying today. Where is this government's sense of urgency? They're dying now. This is the second wave. This wasn't a surprise. We all saw this coming. The government saw this coming. Why didn't they act, and why are they not acting?

Hon. Merrilee Fullerton: I appreciate the concerns from the member opposite. We too have shared them since the very beginning, since day one. The sense of urgency has been absolute to deal with the crisis that was left behind by the previous government—the neglect of the staffing crisis by the previous government, supported by the NDP, as well as the capacity crisis. Absolutely. This was unfortunately set in motion well before COVID.

Our government was the first government to look at long-term care and say, "We need to build capacity. We need to address the staffing. We need to provide more support in-home." That's why our community paramedicine program has been so well received, because people want to stay in their homes long as they possibly can. The peace of mind provided by the community paramedics 24/7 is really a very important key to making sure we can do that, as well as building the staffing, the return of service, the rapid streaming for their education and the mass training. These are all ongoing and we're putting dollars behind that: \$540 million, \$243 million, \$461 million. It keeps going.

The Speaker (Hon. Ted Arnott): The final supplementary.

Mr. John Vanthof: Today, one in eight long-term-care homes is in outbreak; there were 33 more cases overnight. Some health experts say that the Premier's iron ring is really an iron sieve. He's really good at catchy terms like "iron ring."

The Premier should have spent the summer moving heaven and earth to prepare long-term-care homes and protect seniors in the second wave. And he should be doing that now. But it seemed almost like he spent the summer taking a victory lap. So why is he continuing to drag his feet and hide facts from people who are supposed to be saving lives in long-term care? Why? Make that information public now.

Hon. Merrilee Fullerton: I can tell you with absolute certainty that the number of people working around the clock, the continuous efforts, the sense of urgency to address this worldwide crisis and address it in Ontario has been absolutely amazing and inspiring, to see people putting themselves forward—not only our front line, but everyone who is working behind the scenes to do that.

I look to Quebec and I look at Ontario, and I say that Ontario's plan and our homes are holding. We are getting them the integrated support that they need, whether it's through the mandatory management orders or voluntary management contracts with our hospitals, voluntary assistance from our hospitals, making sure that we take every measure and every tool possible to do that. We're putting in rapid testing. We are making sure that every tool is being used. As I said before, this is around the world.

We must not only create the pipeline and create the interest in long-term care, we must be able to retain them. This will be a much longer, sustained effort, and our government is behind that. We will continue to—

The Speaker (Hon. Ted Arnott): Thank you very much. Next question.

COVID-19 RESPONSE

Ms. Sara Singh: My question is for the Minister of Education. This week, we learned that COVID-19 outbreaks in our schools were worse than any of us thought. While the minister doesn't want to face reality, his response to the growing outbreaks has been called "nonsense" by some health experts and even worse by others.

Will the minister finally admit here in this House today that the test results are proving that COVID-19 spread is serious and we need to immediately expand in-school testing if we want to know what's going on?

Hon. Stephen Lecce: The Premier and the government are fully committed to taking action, as we have since the beginning of this pandemic, to ensure students and staff remain safe. It is a societal imperative that we keep schools open. We believe that.

It's why the province and the government, as a matter of priority, took action to restrict and lock down in Peel, in Toronto, in the highest regions with community transmission, putting as a priority our seniors, our students and the most vulnerable; and the action in the context of asymptomatic testing, a program this province stands alone in the country having launched, in the highest-risk four regions of Toronto, Peel, York and Ottawa. What it underscores is that we will continue to act given the rising risk that we see at home and abroad in the context of COVID-19. We'll continue to take action, listening to the Chief Medical Officer of Health and the science, to ensure we can continue to keep our schools open and safe.

1040

The Speaker (Hon. Ted Arnott): The supplementary question.

Ms. Sara Singh: Unfortunately for the minister, the doctors—those whose job it is to actually keep us safe—say that this minister is just making stuff up and that he's not even remotely close to the facts. Dr. Ashleigh Tuite—

The Speaker (Hon. Ted Arnott): I'm going to ask the member to withdraw.

Ms. Sara Singh: I withdraw, Speaker.

Dr. Ashleigh Tuite, an epidemiologist and modeller at the University of Toronto who sits on this province's volunteer science table, says that the minister's use of

random numbers to defend his bad plan is "not at all comparable, and it's highly misleading to say that it is."

We all knew that things were getting bad—

The Speaker (Hon. Ted Arnott): I'm going to ask the member to withdraw once again and place her question.

Ms. Sara Singh: I withdraw, Speaker.

I guess at the end of the day, what we're looking for from this minister is an apology to parents, students, and education workers who are putting their lives at risk in our schools, and for him to actually come up with a plan that's going to help us address the COVID-19 outbreaks in our schools. Will he be doing that?

Hon. Stephen Lecce: Speaker, we will continue to build up our plan that leads this nation with a comprehensive masking policy, with an investment of \$1.3 billion, with improvements in air ventilation in the vast majority of our schools, with the doubling of public health nurses, with 2,700 net new teachers supporting smaller classrooms in all of our respective schools and with an additional 1,200 new custodians, ensuring our schools remain clean. These investments are making a difference.

I appreciate full well, as the member opposite recognizes, that the risk of COVID-19 is rising within our community. That's why we're taking province-wide action as a matter of priority to ensure our schools, our retirement homes, our seniors—all of the most vulnerable in our society—remain safe. That remains our priority.

I can assure the member opposite we will continue to step up our investment. Another \$380 million is forthcoming with the federal dollars that will enable us to protect the gains we've made in this province and ensure we keep schools open and safe in 2021.

The Speaker (Hon. Ted Arnott): The final supplementary.

Ms. Sara Singh: Despite the minister's desperate attempts to change the channel, the same doctor, Ashleigh Tuite, says that this Conservative plan just simply doesn't cut it. She says that more follow-up is needed: "The fact that you can go in and find all these cases, and then say that we don't think there's a lot of transmission happening in our schools, I don't think you can say that with a straight face." She actually goes on to say, "You need to do more." Full stop, Minister: You need to do more.

Our question is, will you be acting on that advice and will you actually be doing more for the people of this province?

Hon. Stephen Lecce: In this province, we are doing more than any province in the country. I accept the premise that we need to lead. We will continue to do so. It's why we doubled public health nurses, which no province has done. It's why we have a comprehensive masking policy starting in grade 4, the most progressive requirement of any government in Canada, including the New Democrats in British Columbia. We have a requirement on cohorting. We've changed the way schools operate to reduce transmission. We have taken action with a \$1.3-billion investment that leads Canada. Unlocking reserve dollars, federal dollars, provincial monies all together enables us to have a plan that keeps our schools safe and

open, even while we contend with the global challenge of COVID-19, the second wave.

We are working in partnership with our school boards, with our public health units and with the Minister of Health every single day to ensure that we can take every step possible, every layer of prevention in place, which we have in this province. We'll continue to act, listening to the advice and the expert opinion of the Chief Medical Officer of Health, to ensure students and staff are safe in Ontario.

COVID-19 RESPONSE

Ms. Marit Stiles: This question is for the Premier.

School has been back for about 11 weeks, and the government has just started asymptomatic testing in some schools in some regions, despite assurances that their schools plan was based on data and expert advice. Cases are surging, the winter break is approaching, and we're still trying to learn what we can from this limited data to see just how COVID is manifesting in our schools.

We have established that the government's numbers don't hold water. We've established that they ignored the advice of experts in education and health. We've established that there's no plan to address learning gaps other than summer school.

Speaker, we've already lost precious time while this government tried to save a few dollars. Will they act now to dramatically increase asymptomatic testing so we can learn from these outbreaks and do better to keep our children safe?

The Speaker (Hon. Ted Arnott): The Minister of Education.

Hon. Stephen Lecce: We were proud to launch asymptomatic testing in this province—the only province that I'm aware of in the country that is doing this—because we want to understand the data. We want to understand not just where the problem exists, but how we can counter it further, particularly in those high-risk communities that have high levels of positivity. In the case of Thorncliffe Park, where the, it's been noted by the board, roughly 16% positivity rates—and within the school, as noted by the principal, a roughly 4% positivity rate.

The point, in short, is that asymptomatic testing expanding in these high-risk regions is following the expert advice of the chief medical officer, who, on this side of the House, we have confidence in, and we'll continue to listen to his advice. If he encourages us or provides any direction to expand or change the region, as I've noted before in this House, we will do so without reservation to ensure the safety of kids in Ontario.

The Speaker (Hon. Ted Arnott): The supplementary question.

Ms. Marit Stiles: Mr. Speaker, I have just learned that there are 299 new school cases today in Ontario. And the Minister of Education is comparing apples to oranges, and he knows it perfectly well.

Speaker, the testing at Thorncliffe Park Public School shows just how little we know about how the virus is circulating in school communities. But every time this minister is presented with new information, his first instinct is to deny and to cling to talking points instead of reflecting on the impact of his decision. There are 270 students and 17 staff from that school in isolation right now. That's 287 families who have had their lives and their learning disrupted. They deserve so much more than to be brushed off as data points that prove things aren't as bad as they could be.

Yesterday I wrote to the Minister of Education's new education health advisor to request a meeting to ask when they are going to be releasing a plan for a province-wide surveillance testing program. I asked what supports are in place to communicate public health measures across school communities prior to the holiday break. Mr. Speaker, Ontarians deserve these answers. Will the minister provide them?

Hon. Stephen Lecce: I think the basis of the plan we've unveiled has been fully supported by the Chief Medical Officer of Health and fully funded by the province of Ontario. What it has enabled us to do is that amongst the largest province, with two million students, it ensured that 1.5 million students today who are in class and roughly 500,000 students online are able to learn each and every day in a safe environment, with every—

Interjections.

The Speaker (Hon. Ted Arnott): Order.

Hon. Stephen Lecce:—prevention in place according to the Chief Medical Officer of Health of this province and the associate medical officer of health and leading experts, who believe our plan so far, notwithstanding the increasing rate of community transmission—that we are doing something right. And when I refer to “we,” I mean the front-line staff. I mean our school boards and our public health units, who are collaborating—

Interjection.

The Speaker (Hon. Ted Arnott): The member for Davenport will come to order.

Hon. Stephen Lecce:—and do everything humanly possible to ensure that the students in their school remain safe.

The fact that 99.92% of students do not have an active case of COVID, the fact that 99.79% of students have not had an active case of COVID underscores what we are doing. The layers of prevention we've put in place are helping to mitigate the risk. We'll continue to act to protect students.

ENVIRONMENTAL PROTECTION

Mr. Norman Miller: My question is for the Minister of the Environment, Conservation and Parks. Mr. Speaker, those of us who call Ontario home couldn't ask for a better place to live, work and raise a family. However, for over a decade, Ontario pursued very urban-centric environmental policies dreamt up in downtown Toronto. Rural and northern Ontarians were largely left out of the discussion

about conservation and the fight against climate change. They had to make huge sacrifices without really having a say in the policies.

Mr. Speaker, in 2018, the people of Ontario made it clear they wanted a government that put forward more well-thought-out initiatives to fight climate change and keep our air, land and waters clean for future generations. Can the Minister of the Environment, Conservation and Parks tell us what our government is doing to deliver on that mandate?

Hon. Jeff Yurek: Thanks to the member from Parry Sound–Muskoka for that question. It’s been a pleasure to be working with him all these years.

Mr. Speaker, our government understands that the natural resources are our greatest strength, and it’s possible and important to have a healthy environment and a healthy economy. We also recognize the importance of consistently evaluating and adopting initiatives so they meet the needs of the hard-working people who call this province home.

It’s been two years since we first introduced our Made-in-Ontario Environment Plan and we’ve made considerable progress on our commitments. We’ve announced \$4.5 million for the species-at-risk fund, \$20 million for Ontario’s land conservation efforts, and we’re reinvesting in the Ontario Community Environment Fund to support projects that improve the environment, including dedicated funding to tree planting.

Mr. Speaker, these are just some of the things that we’ve done in the short period of time we’ve been here. We’re not going to stop. We’ll continue to show our strong environmental leadership in the days, months and years to come.

The Speaker (Hon. Ted Arnott): The supplementary question.

1050

Mr. Norman Miller: The people of Ontario are passionate about the protection of water, and many are concerned about litter polluting our waterways and are worried about sewage and waste water overflows. Unfortunately, under the previous government, from 2017 to 2018, raw sewage overflowed into southern Ontario waterways 1,300 times. It also took the previous Liberal government almost a decade to change Ontario’s Safe Drinking Water Act so that lead tests were finally required to be conducted by schools and daycares. In 2017, the NDP member from London West said that “the ruling Ontario Liberals have done too little to protect children and toddlers from the perils of lead in drinking water.”

Mr. Speaker, the people of Ontario expect their government to work hard to ensure that our drinking water is safe to drink and that waterways are protected. Can the Minister of the Environment, Conservation and Parks inform the House about what work this government is doing to keep our water clean and safe?

Hon. Jeff Yurek: Thanks to that member for that strong history lesson for the Legislature. Unlike the members of the opposition, this government is working diligently to ensure water in Ontario continues to be safe and

protected. During the last two years, we’ve invested \$1.67 million in funding to the Great Lakes Local Action Fund, \$375,000 to collect plastic waste from marinas around the province using innovative plastic-capture techniques, \$5.8 million for funding for 65 Great Lakes projects and \$37 million in new innovative waste water and stormwater programs to improve waste water monitoring and public reporting. We’re also updating Ontario’s current policies and consulting on further action to reduce levels of lead in drinking water.

Unlike the previous government, Mr. Speaker, we know there’s always more work to be done on these important issues, and we’re committed to getting more done. It’s only been two years. We’ve made great progress. Just watch us go forward the next two.

PERSONAL SUPPORT WORKERS

Mr. Percy Hatfield: My question is for the Minister of Long-Term Care. Good morning, Minister. PSWs and other health care workers are true heroes, but in long-term care, they’re underpaid and overworked. Because this government does not have a staffing strategy, for-profit corporations can tell PSWs to do more work for even less money.

Brouillette Manor in Tecumseh is owned by a numbered company. At the bargaining table right now, they’re trying to cut the wages and benefits of their front-line staff. Minister, do you think squeezing the staff will fix the atrocious conditions in long-term-care homes?

Hon. Merrilee Fullerton: Thank you to the member opposite. Absolutely not. In fact, what our government has been doing is supporting our front-line workers, who we appreciate so very, very much for their dedication, compassion and determination in the face of COVID. What we’ve done is provide them with pandemic pay to boost their wages, not only during the time of COVID-19, but another \$461 million to support them with an increase of \$4 an hour or \$3 an hour, depending on where the PSW is, whether it’s in long-term care or home care or a retirement home.

When we look overall at the measures that are being taken, we understand fully that this is not just about the dollars; this is also about creating the conditions where people want to work in long-term care. And that’s where we come into our monumental commitment to four hours on average per day per resident of direct care. This is something that has never been done by any other government, despite numerous reports on this issue.

We will continue to put our front-line workers front and centre with our residents and take the necessary measures to make sure that they are supported—

The Speaker (Hon. Ted Arnott): Thank you. The supplementary question.

Mr. Percy Hatfield: Speaker, in that case, I hope the minister will tell the bargaining team at Brouillette Manor to change their tactics at the table.

PSWs are run off their feet, but they still struggle to deliver the kind of protection our parents and grandparents

deserve. This numbered company is trying to reduce the wages and benefits of their front-line heroes. Speaker, the Ford government just granted the company a lot of money for renovations. How can this government reward profit-taking corporations when, at the bargaining table, those companies treat health care heroes as zeros?

Hon. Merrilee Fullerton: It's disappointing to hear the member opposite say that about personal support workers who are on the front line. They are heroes, and they are dedicated, and they are going to be supported and are supported by the measures of our government.

Our government is committed to putting our residents at the centre, and that means focusing on the staff as well and looking at the mess left behind by the previous government—inadequate capacity, inadequate staffing—looking at so many things that our government has committed to, right from the beginning, to make sure that our residents get the care and support they need. We are putting the residents at the centre in everything we do, ensuring that they are protected to the maximum of our ability and the staffing are supported. As I said, the pandemic pay, the wage increases, making sure that the conditions in the home are supportive of the staff—there is so much work to do.

I am really inspired by all the people who are working at the front lines and behind the scenes to make this very important transition to a modern 21st-century long-term-care system happen, and I hope that everyone—

The Speaker (Hon. Ted Arnott): Thank you very much. The next question.

LONG-TERM CARE

Mr. Stephen Blais: My question is for the Minister of Long-Term Care. Yesterday, the member for Ottawa South and I wrote the minister regarding long-term-care capacity, where I detailed the story of one of my constituents, Mr. Krzysztof Mroz. Mr. Mroz is a 78-year-old former anaesthetist suffering from advanced dementia.

On July 24, Mr. Mroz was admitted to the acute care psychiatric ward of the Ottawa Hospital while he awaits long-term-care bed placement. Mr. Mroz has been on the wait-list for long-term care for two years.

Mr. Mroz's wife, Zofia, puts it best when she says, "The thing that I find tragic is that ... Kris is taking up an acute care bed from some other deserving patient," and that "he could have been in a more appropriate place."

Mr. Speaker, through you, can the minister—

Interjections.

The Speaker (Hon. Ted Arnott): Order. I'm going to allow the member to place his question.

Mr. Stephen Blais: Mr. Speaker, through you, can the minister assure this House that our current capacity in our long-term-care system is being fully utilized, and if no, why not?

Hon. Merrilee Fullerton: It's kind of shocking to hear a comment like that or a question like that. I've got to ask: What did you miss over the last 15 years? Well, I'll tell you what you missed. You missed a neglect of the long-

term-care system for 15 long years, where inadequate capacity was left to languish and people were left to languish on the wait-lists. I know; I've been through it. I've been through it for many years with my own family, and I don't know where you've been.

Our government started right from the beginning, from day one, to address the long-standing capacity issues, the long-standing staffing issues that were left behind by the previous government. We simply can't snap our fingers and make it happen, but we are committed to it. We are dedicated to it.

I look at the capacity that was not built: 611 beds in a number of years, during a time when the over-75-year-old population grew by 170,000. It is shocking, the neglect of the previous government. I just don't know where—

The Speaker (Hon. Ted Arnott): Thank you.

The supplementary question: the member for Ottawa South.

Mr. John Fraser: Mrs. West's mother, June Tooke, is 91 years old and also suffers from advanced dementia. She is currently in a bed at the Montfort Hospital awaiting a long-term-care placement. She's been on a list for 18 months.

At the Perley and Rideau Veterans' Health Centre in my riding, 120 out of the 450 long-term-care beds are not occupied; 120 beds in single rooms are empty. That's shocking, Minister. So given the number of people in hospital like Mr. Mroz and Mrs. Tooke and in the community waiting for a bed, can the minister explain to all of us here how that situation could actually occur, where 120 beds out of 450—single bedrooms, perfect for infection control—are empty? And can the minister commit to fixing it today?

Hon. Merrilee Fullerton: It's incredible, the lack of understanding involved from the member opposite. When we look at—

Mr. John Fraser: A hundred and twenty beds.

Hon. Merrilee Fullerton: You need to understand the severity of what's happened in our long-term-care homes, the expert medical advice from our Chief Medical Officer of Health—

Interjections.

The Speaker (Hon. Ted Arnott): Stop the clock. The House will come to order. And I'll remind members to make their comments through the Chair.

1100

Mr. John Fraser: Just say you'll fix it.

The Speaker (Hon. Ted Arnott): The member for Ottawa South will come to order.

Interjections.

The Speaker (Hon. Ted Arnott): The Minister of the Environment, Conservation and Parks, come to order. The Minister of Labour, come to order.

Restart the clock. The response?

Hon. Merrilee Fullerton: The reason these beds exist the way they do is because we are taking the advice of the Chief Medical Officer of Health, the Associate Chief Medical Officer of Health, because of the severity of outbreaks in homes across Ontario. I would hope that you

would be aware of that. We must do everything we can to protect our most vulnerable population in the long-term-care homes. We are required to address the outbreaks.

Again, for the probably umpteenth time here, I have described the definition of an outbreak: An outbreak includes one staff member who would be self-isolating at home or one resident and—

Interjection.

The Speaker (Hon. Ted Arnott): Thank you. I once again will ask the member for Ottawa South to come to order.

The next question.

HYDRO RATES

Mr. Norman Miller: My question is for the Associate Minister of Energy. Mr. Speaker, we know that COVID-19 has been difficult for families and businesses in Ontario. Paired with the Liberal legacy of high electricity costs imposed on major employers, many of my constituents have been reaching out for help to keep our economy going. Can the Associate Minister of Energy please tell this House what our government is doing to support employers in our province?

Hon. Bill Walker: Thank you to the member from Parry Sound–Muskoka for that important question and his 20 years of service. Our government is jump-starting economic recovery and reducing electricity costs for businesses by removing a portion of the cost of wind, solar and bioenergy from their bills, the green energy experiment that the Liberals put in place, starting on January 1, 2021. By doing this, industrial consumers could see savings of about 14%, while commercial consumers, such as grocery stores, could see savings of about 16%.

Mr. Speaker, after years of Liberal mismanagement, we're once again making Ontario a competitive place to attract investment and create and sustain well-paying jobs. I want to share a quote from the Canadian Vehicle Manufacturers' Association, which commended our actions, stating, "Reducing these costs will help to position the automotive industry for success." We are proud to support the auto industry that employs more than 100,000 hard-working Ontarians, as well as the other industries that contribute so much to our province.

The Speaker (Hon. Ted Arnott): The supplementary question.

Mr. Norman Miller: Through you, Mr. Speaker, I'd like to thank the minister for that response. I have always agreed that commercial and industrial ratepayers should not have to pay for the energy mess left behind by the previous Liberal government. I hear the same concerns from small business and residential customers in my riding too. Can the minister please tell this House what we're doing to help those customers as well?

Hon. Bill Walker: Again, I'm pleased to tell the great member from Parry Sound–Muskoka that we are helping small business and residential customers by giving choice. Starting on November 1, residential and small business customers have had the flexibility to choose an electricity

rate structure that best suits them. I'm happy that tens of thousands of Ontarians and small Ontario businesses have already taken advantage of picking the option of either time-of-use or tiered rates.

The Canadian Federation of Independent Business "welcomes the Ontario government's decision to end mandatory time-of-use pricing for small businesses.

"Giving small business owners the power to choose the system that fits their operation will help provide much-needed flexibility and relief as they recover from the COVID-19 pandemic."

We are proud to support small businesses during this difficult time by lowering their electricity bills, and we'll continue to support them throughout.

SMALL BUSINESS

Ms. Bhutila Karpoche: My question is for the Premier. Recently, the Roncesvalles Village BIA in my riding of Parkdale–High Park launched Not for Lease, a campaign in which businesses put up "for lease" signs to show what our community will look like if small businesses are not supported. Not only are small businesses missing out on the busiest shopping season, their customers are going to big box stores, who can sell both essential and non-essential goods. BIAs representing the Junction, Bloor West Village and others argue that small businesses are actually better equipped to follow public health guidelines than big box stores.

The question to the Premier is: How many small businesses have to close and put up "for lease" signs before you address this double standard?

The Speaker (Hon. Ted Arnott): Minister of Economic Development, Job Creation and Trade.

Hon. Victor Fedeli: Thank you for the question. We know that in consultation with the Chief Medical Officer of Health and health experts, the province has moved Toronto and Peel region to lockdown and some regions to new restriction levels in the Keeping Ontario Safe and Open framework. These necessary measures are being taken to limit community transmission of COVID-19 in order to keep schools open, safeguard health system capacity and protect those more vulnerable.

But what you need to share with the businesses are the many supports that are available. There's \$600 million that has been opened up so those businesses that are in lockdown, in that zone, have their property taxes completely paid for all the days that they're shut down. They have all of their energy bills paid for all of the time that they are in that shutdown. They get 100% of those property and energy costs back.

Speaker, in my supplementary, I'll talk a little bit more about the other recovery programs.

The Speaker (Hon. Ted Arnott): Supplementary question?

Ms. Bhutila Karpoche: The Mezz is a small business in Parkdale–High Park that has been around for nearly 40 years. Sean, who has worked at the Mezz for over 25 years, has been a bartender, then a manager and now a co-owner.

He reached out to me. Sean told me that the Mezz has struggled because of COVID-19, but his biggest problem right now is that his insurance premiums have tripled.

For months now, we've heard small businesses who say that if nothing else related to COVID-19 puts them out of business, the insurance costs will. As Sean says, price gouging for a service that is legally mandated cannot be tolerated, should not be tolerated. Why hasn't the Premier already acted to stop insurance gouging? Will he take swift, decisive action and support the hospitality industry, which is already facing insurmountable hardship?

Hon. Victor Fedeli: The Chief Medical Officer of Health and the health experts will continue to provide advice to our government by using a wide range of criteria that will help direct us.

But again, you need to speak with your small businesses to share with them some of the cost savings that are in place for them: 100% of their property taxes, 100% of their energy bills. They can apply for the \$1,000 main street recovery grant. They can apply for the \$57-million Digital Main Street program that is helping 23,000 businesses get online so that not only can they have the customers who are normally in their shops available, but they have the entire world at their doorstep for this valuable investment. They can also apply for the new rent subsidies, for the new wage subsidy programs. And with respect to insurance, they can certainly follow the new gouging guidelines that Premier Ford announced some months ago.

CONSERVATION AUTHORITIES

Mr. Mike Schreiner: Good morning, Speaker. My question is for the Premier. Last Friday, Ontario's Big City Mayors passed a resolution asking the government to withdraw schedule 6 from Bill 229. The list of municipalities who have passed resolutions in support of conservation authorities is too long to list. Sixty-four organizations are running ads asking the government to stop attacking conservation authorities.

People understand that undermining a CA's ability to protect us from flooding will cost billions in property and infrastructure damage. It's fiscally irresponsible to act with such reckless disregard for the way CAs have saved lives and money. So, Speaker, will the Premier stand up for the people and remove schedule 6 from Bill 229 so that conservation authorities can continue to protect people's lives and property?

Mr. Percy Hatfield: Do the right thing, Minister.

The Speaker (Hon. Ted Arnott): Order.

The response? The Minister of the Environment, Conservation and Parks.

Hon. Jeff Yurek: Thanks very much to the member opposite for that question, and of course for the heckle from the member from Windsor.

Listen, the schedule 6 that we put forth in the bill speaks to ensuring there is accountability, transparency and consistency in our conservation authorities. Right now, conservation authorities are unaccountable to pretty much anyone. They're not consistent with the legislation that

they're enacting within their conservation authorities, and they're not transparent. It's hard to get an audited financial account publicly. What this legislation will do is ensure that conservation authorities can focus on their core mandate at a watershed level to ensure that they're protecting constituents from flooding and erosion, taking care of conservation land and source water protection.

1110

In response to the big city mayors, Mayor Drew Dilkens from Windsor wrote, "Lots of mayors, including myself as part of the Ontario big mayors, have issues with the conservation authorities. The powers given them delay and add costs to projects, often without much material benefit. These changes need to be made, Minister Yurek," from Mayor —

The Speaker (Hon. Ted Arnott): Thank you very much. The supplementary question.

Mr. Mike Schreiner: Speaker, with all due respect to the minister, the vast majority of mayors are calling for the government to stop the attack on conservation authorities, because they recognize that it will cost the people of Ontario billions of dollars in property damage if the government moves forward with schedule 6 of Bill 229.

The reality is that the government's own special flood adviser said that one of the things that makes Ontario unique in its ability to help mitigate flood risk is conservation authorities. The federal government's 2016 study said that one of the reasons Ontario does a better job than other provinces in mitigating flood damage is because of our conservation authorities.

Speaker, I ask the minister: Will the minister listen to the big city mayors who are asking for more consultation? Will the minister listen to the 64 citizens' organizations who are asking the minister to stop attacking conservation authorities, to remove schedule 6 from Bill 229 and engage in real consultation with local—

The Speaker (Hon. Ted Arnott): Thank you very much. The Minister of the Environment, Conservation and Parks.

Hon. Jeff Yurek: I don't agree with the member opposite that these changes to conservation authorities are going to cost Ontarians billions of dollars. In fact, Mr. Speaker, it's going to do quite the opposite.

This legislation will ensure that all conservation authorities will not only become accountable and transparent and have consistency in the application of the legislation throughout the province, but this legislation will ensure that they are focused on their core mandate, focused on protecting citizens from flooding, focused on ensuring that we can deal with erosion, focused on dealing with conservation lands and focused on source water protection.

Right now, as of 2017, 25 of the CAs out of 36 in this province spent less than 20% on flood risk mitigation. Of those 25, 10 spent less than 10%. Conservation authorities have gotten away from their mandate. They've crept away from taking care of the people of this province. We're putting them back. We're adding accountability, transparency and consistency. The member opposite should be supporting those moves to protect Ontarians and the environment—

The Speaker (Hon. Ted Arnott): Thank you.
The next question.

MENTAL HEALTH AND ADDICTION SERVICES

Mr. Norman Miller: My question is for the Associate Minister of Mental Health and Addictions.

Minister, we have recently seen reports of children and youth across the province experiencing significant levels of stress, anxiety and other mental health and addiction challenges during the COVID-19 outbreak. Parents in my riding are concerned for the mental health of their children, but I know our government has made a commitment to support the mental health of all Ontarians.

Minister, could you please explain to the members of this Legislature how our government is addressing the mental health of Ontario's youth and children?

Hon. Michael A. Tibollo: I'd like to begin by thanking the member from Parry Sound–Muskoka for that great question.

The health and well-being of all Ontarians will always be this government's top priority. That's why we're proud to be providing \$24.3 million in targeted investments in communities across the province to make it easier for children, youth and their families to access the mental health supports they need.

Just last month, we announced \$176 million towards building a comprehensive and connected mental health and addictions system where every Ontarian can be fully supported. This additional \$176 million builds on the \$174 million that we invested last year in more funding for mental health and addictions services for Ontarians of all ages. All of this saw an investment of nearly \$60 million alone to support the mental health of our youth and children.

Mr. Speaker, this \$84.3 million in ongoing child and youth mental health funding since our government took office is just the beginning. There is more to—

The Speaker (Hon. Ted Arnott): Thank you. The supplementary question.

Mr. Norman Miller: Minister, thank you for that answer. I know my constituents will be pleased to learn that we are continuing to fulfill our commitment of creating a mental health and addictions system that works for all Ontarians, especially youth and children.

Minister, with post-secondary students finishing up exams, we know many are feeling burnt-out, stressed and anxious. With COVID, these students won't be able to get together with friends and family over the holidays, which might usually be part of how they deal with this stress.

Could the minister please explain to the members of this Legislature what we are doing to address the mental health of our post-secondary students?

Hon. Michael A. Tibollo: Once again, thank you to the member for the question. In addition to the targeted funding to help our children and youth, Minister Romano and I recently announced an investment of \$19.25 million, including \$3.25 million in new mental health funding to

support Ontario's post-secondary students. This will ensure resources like the Good2Talk mental help line for students remains available 24/7 and will also support campuses in providing front-line mental health services.

Mr. Speaker, we've made a historic investment in mental health. Our additional \$176-million investment this year brings new investments across the sector since last year to a total of more than \$350 million in ongoing annualized funding, and we're on track to meet our commitment to invest \$3.8 billion over the next 10 years.

We're committed to addressing the mental health issues of the people of the province of Ontario. We'll continue making investments that are good for all the people of the province.

COVID-19 RESPONSE

Mr. Joel Harden: My question is for the Premier. Last week's Auditor General's report revealed that Ottawa had the longest wait times for the entire province for COVID-19 tests during September and October. During these two months, it took 4.5 days for case management to begin. Not only did this fail to meet the ministry's own targets for case management, as the Auditor General wrote in her report, it "may have led to further exposure and spreading of the virus."

This government had all summer to plan for the second wave that we knew was coming, but they left Ottawa high and dry and did not give our public health authorities the resources they needed to stop the spread of the virus.

When will they take action now and release the \$9 billion of money we know you're sitting on to access public health money to stop the spread of this virus? When?

The Speaker (Hon. Ted Arnott): The member for Eglinton–Lawrence and parliamentary assistant to respond.

Mrs. Robin Martin: I want to be clear that our government continues to work closely with all of our local public health units in the fight against COVID-19, and that includes the local public health unit in Ottawa. The province and the federal government, through Statistics Canada, provide contact-tracing support to public health units across Ontario, and most of that is coordinated through Public Health Ontario. Local public health units provide the names and phone numbers of close contacts of COVID-positive patients for the workforce to reach out to and to follow up with, ensuring testing and self-isolation.

We're supporting Toronto and Ottawa public health with additional support through direct assignment of Statistics Canada, OPS and private sector staffing. That includes 200 staff coming in the next few weeks to Toronto Public Health and, additionally, 150 staff provided to support Ottawa Public Health with case and contact management starting over the next couple of weeks.

We've invested \$1 billion in our case and contact management and testing strategy, and the—

The Speaker (Hon. Ted Arnott): Thank you very much. The supplementary question.

Mr. Joel Harden: I think you can tell a lot about a government by how they react to criticism, and what I've just heard from my friend the parliamentary assistant, who made a valiant effort to put lipstick on a pig of an effort that we have seen in the second wave of this virus, is that they were not there in October and September. The Auditor General has blown the whistle on this government, and what did they do last week? They attacked the Auditor General, and you disgraced yourself in doing so.

Stop talking to me about billions of dollars in money floating around now. Where were you in September and October? Where were you for the grocery store clerk that had to go to work sick? Where were you for the warehouse worker? Where will you be now—

The Speaker (Hon. Ted Arnott): I'm going to caution the member on the use of his language.

The member for Eglinton–Lawrence to reply.

Mrs. Robin Martin: Our government, of course, recognizes how important testing and contact tracing are in slowing the spread of COVID-19. That is why we have been here, working every day to develop the best possible strategies for COVID-19 testing, tracing and contact management. We've been doing it over the entire course of the pandemic, which is now some 11 months in Ontario.

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We have been working every day to put in place all of those systems necessary and to make sure that the resources are there for all of our local public health units, including Ottawa, which frankly has been doing fairly well in this second wave compared to some of the other jurisdictions.

We've got a robust and comprehensive testing and contact tracing strategy in place. We are notified if there are confirmed positive cases. They are notified 90% of the time within 24 hours. So we're working hard to make sure that those resources are there for Ottawa, for Toronto, for Peel and all of the other areas that have some challenges with cases, and now people are getting the—

The Speaker (Hon. Ted Arnott): Thank you very much.

Next we have the member for Ottawa–Vanier.

COVID-19 RESPONSE

M^{me} Lucille Collard: My question is for the Premier. Testing and tracing in Ontario has been a story of stop and start, confusion and mixed messages, because there was no comprehensive plan. According to the Auditor General, laboratory testing, case management and contact tracing are still not all being performed in a timely enough manner to contain the spread of the virus.

Many of us are pleased to see the government embarking on testing in schools and neighbourhoods with high transmission rates, but it's very hard to trust that this will be applied systematically, when up to this point we've seen much confusion on many of the initiatives of the government.

As of November 27, there was still a backlog of over 54,000 tests. The government has said that they intend to

build testing capacity to 100,000 tests per day by the end of 2020. We are officially in December, so what specifically is the government doing to meet this target?

The Speaker (Hon. Ted Arnott): The member for Eglinton–Lawrence and parliamentary assistant.

Mrs. Robin Martin: Our government recognizes how important testing is in defeating COVID-19. We've made it clear that it's a priority. The sooner we identify those cases, the sooner we can stop the spread of the virus.

That's why we have been begging the federal government to approve rapid tests. We finally have some rapid tests coming out, but they're not widely available. Those tests will help, but I have to remind the member that the testing works in a system process. There's a pipeline of tests: People get tested, the tests get to the laboratories, the laboratory processes the test, then we have the results. That takes a period of time.

The 54,000 backlog you suggested is not a backlog; it's the tests to be processed that day. We can process that many tests in a day, Speaker. We have actually processed 58,000 tests. Every other day, you will see that the number of tests that we can process are going up, and we managed to get up to 58,000. We're going to keep going and make it better.

The Speaker (Hon. Ted Arnott): The supplementary question.

M^{me} Lucille Collard: Speaker, designated essential caregivers are a very important part of the solution for providing much-needed support to the system, and it's really important that they have access to their loved ones in long-term-care homes. However, since the start of the pandemic, access to efficient and timely testing has been an obstacle to allow them to play that important role.

I was pleased to hear that rapid testing has been deployed to some long-term-care and retirement homes, but essential caregivers are not included in this testing strategy and they have to meet the weekly testing requirements. I have heard directly, just this morning in fact, from family councils. Their observation is that while some long-term-care homes will offer the testing to essential caregivers, recognizing the need for this, many homes are not.

My question is, can the minister provide clear guidance to long-term-care homes so that essential caregivers can be tested on-site and be able to provide much-needed timely assistance?

The Speaker (Hon. Ted Arnott): The response: the Minister of Long-Term Care.

Hon. Merrilee Fullerton: Thank you for asking a very good question. Something that we value very much are the essential caregivers in our long-term-care homes. They are really critical to providing care to their loved ones. That's why we've made sure that they are able to go into the long-term-care homes, even when they're in an outbreak. Each resident has the ability to designate an essential caregiver for an outbreak situation.

The testing, not only for the staff but also for the caregivers, is something that we've been making sure to address in a timely way, so that the caregivers can get the testing done in a way that is convenient for them. We

recognize the issue that you raise and we're working on that. I appreciate you raising that.

PUBLIC SECTOR COMPENSATION

Mr. Jamie West: The question is for the Premier. The Conservative government's first attempt at administering a wage enhancement happened this summer. It took literally months from the date of the announcement to the date when the workers actually received their pandemic top-up—months to take money from the federal government and get it into the hands of Ontario's workers. That was during the first wave. Now that we're in the second wave, workers are hopeful that the obstacles that created those delays have been resolved.

However, the Premier announced a temporary wage enhancement for public sector PSWs in October. It's now December, and the money still hasn't flowed from the Conservative government to the employers or to those workers. Even more frustrating is that the Conservative government has provided no information on when this money will come. Aside from the October 1 announcement and press release, nobody seems to know anything about when the money for our health care heroes will be coming.

Employers are frustrated and workers are disappointed. When will these workers receive this temporary increase?

The Speaker (Hon. Ted Arnott): The government House leader.

Hon. Paul Calandra: As you know, the President of the Treasury Board has been working extremely hard on ensuring that the pandemic pay that was introduced by this government—and, if I'm not mistaken, supported by all members across the aisle—gets out to all of our front-line workers. It's my understanding that this pay has been transferred to our partners, and all of those health care heroes should be getting that.

The Speaker (Hon. Ted Arnott): Supplementary question?

Mr. Jamie West: Back to the Premier: Terry Rochefort is a PSW from my riding of Sudbury. He has worked at Pioneer Manor for nearly 10 years. Terry loves his job. He's proud to be helping during the pandemic. Terry also represents his union. He's a CUPE area rep, and his area covers workers in Sudbury, Sault Ste. Marie, North Bay and Timmins.

Terry said that it was extremely difficult for him, his colleagues and the patients when the pandemic struck. Almost overnight, their world changed. Hours and shifts were changed. Vacations were cancelled. The workplace demanded more from them, and they responded with everything they had.

Terry says it's sad that it took a global pandemic for this province to value their work, but he and the workers he represents were happy when the government announced the PSW temporary wage enhancement. But this will be the second time this government has announced a wage increase without a clear plan to distribute those funds.

Why does the government have so much trouble making good on their promises, especially when it comes to health care heroes in this province?

Hon. Paul Calandra: I actually thank the member for that question, Mr. Speaker, because I think parts of it were very good. He highlighted the fact that for far too long in this province, our long-term-care workers—our PSWs, in particular—were not recognized as the important part of the health care system that they clearly are. That is, of course, why this government moved so quickly after being elected in 2018 to recognize our PSWs. That's why we brought in Ontario health teams, because we know that they're an important part of that health care mix. That's why we made critical investments in long-term care. That is why we looked at the staffing strategies within our long-term-care homes, with our PSWs. That's why we increased the wages of our PSWs.

I appreciate the member for bringing that up. It is unfortunate that we had to wait so long to have that done—for over 15 years, through a minority government propped up by the NDP. This government moved very quickly because we recognized how important our PSWs are.

And I thank the gentleman, Terry, for his service and all the PSWs for their service.

PRESCRIPTION DRUGS

MÉDICAMENTS PRESCRITS

Mr. Stephen Blais: My question is for the Minister of Health. Recently, the cystic fibrosis community here in Ontario and across Canada was thrilled to hear that Vertex Pharmaceuticals intends to submit an application to bring Trikafta to Canada. Much like COVID-19, cystic fibrosis is a disease that has devastating impacts on the lungs and one's ability to breathe. The main difference is that when COVID-19 is behind us—

Interjections.

The Speaker (Hon. Ted Arnott): Order. Stop the clock.

The government House leader will come to order. The member for Timmins will come to order. If you want to continue this conversation, you can do it outside the chamber. I can facilitate that as well, if need be.

Interjections.

The Speaker (Hon. Ted Arnott): Order.

Start the clock. Again, the member for Orléans.

Mr. Stephen Blais: Thank you very much, Mr. Speaker.

When the COVID-19 virus is behind us, cystic fibrosis patients will still be living with this terrible reality.

As the minister and the parliamentary assistant know, the pan-Canadian Pharmaceutical Alliance is currently negotiating pricing for Orkambi and Kalydeco, other gene modulators developed by Vertex, the same company. Will the government stand up for Ontarians with cystic fibrosis and take a leadership role in having the pan-Canadian Pharmaceutical Alliance negotiate a price for Trikafta

now, in conjunction with the current negotiations for Orkambi and Kalydeco?

1130

The Speaker (Hon. Ted Arnott): To respond, the member for Eglinton–Lawrence.

Mrs. Robin Martin: Our government takes the needs of all Ontarians very seriously. We know that those living with cystic fibrosis are very hopeful that new drugs can provide some relief from the stress that they have to deal with every day. And let me be clear: We, too, hope all of these new drugs are able to provide the promised improvements.

We know that access to these new drug therapies is important, especially in less common diseases with significant health impacts and where there are limited treatment options. But there is an established, evidence-based process for making funding decisions, which considers the clinical effectiveness of the drugs, safety, patient input, affordability and the effects on other health services. This process ensures the safety and the efficacy of every new drug product, as well as the sustainability of our provincial health care system.

We're aware that Health Canada has granted Vertex a priority review for Trikafta. Now that Health Canada has granted it for Trikafta, Vertex will have 60 days to submit the drug for review by the federal agency.

The Speaker (Hon. Ted Arnott): The supplementary question.

M. Stephen Blais: Camille Rochon est une jeune fille de 12 ans de ma circonscription d'Orléans et l'une des nombreuses personnes atteintes de fibrose kystique en Ontario dont la vie dépend de l'accès opportun de Trikafta. Les essais cliniques ont prouvé que Trikafta est la plus grande innovation dans l'histoire de traitements de la fibrose kystique, et la recherche démontre que s'il était approuvé rapidement au Canada, il pourrait réduire le nombre de décès par 15 %.

La ministre fédérale de la Santé s'est publiquement engagée à accélérer le processus de Trikafta, mais des patients comme Camille, qui sont parmi les membres les plus vulnérables de notre communauté, ne peuvent pas attendre plus longtemps. Le gouvernement s'engagera-t-il à négocier immédiatement avec Vertex afin qu'une fois approuvé, il puisse être prescrit dès que possible aux patients désespérés atteints de FK?

Mrs. Robin Martin: We take the struggles of cystic fibrosis patients like Camille very seriously—and their families, frankly. We take their struggles very seriously. We recognize that access to these new drug therapies is important with these less common diseases. That's why we're very happy to see that conversations are proceeding.

But let's be clear: It's not as simple as Ontario sitting down and meeting with the drug manufacturer. The price negotiations are conducted through the pan-Canadian Pharmaceutical Alliance. Furthermore, Ontario is just one of many participants at the table for these talks, and it would be really inappropriate or premature for us to provide a timeline for completion. However, the member can rest assured that we, too, are looking forward to the

results of these conversations and diligently monitoring the situation.

Vertex has provided the following statement: Vertex has confirmed that they are planning to move forward with future CF medications in Canada. Vertex has also confirmed Health Canada has granted priority review and that they have 60 days to submit their file to Health Canada.

GOVERNMENT ACCOUNTABILITY

Mr. Tom Rakocevic: My question is to the Premier. Thanks to reporting by the Toronto Star, we're learning of the alleged theft of at least \$11 million meant to help needy Ontarians during the pandemic.

Yesterday, the Premier re-announced the same educational grant program with few details about how his government will prevent any future fraud. Can the Premier please tell Ontarians how his Conservative government could lose track of so much taxpayer money and what they're doing to get it back?

The Speaker (Hon. Ted Arnott): The government House leader to respond.

Hon. Paul Calandra: As the honourable member will know, yes, the Premier did announce yesterday, in co-operation with the Minister of Education, substantial supports for parents.

With respect to the issue raised by the member, it is very, very serious. As he knows, that is something that is before the courts and, as such, we cannot comment on that.

The Speaker (Hon. Ted Arnott): That concludes our question period for this morning.

DEFERRED VOTES

NO TIME TO WASTE ACT (PLAN FOR CLIMATE ACTION AND JOBS), 2020

LOI DE 2020 SUR LA NÉCESSITÉ DE NE PAS GASPILLER DE TEMPS (PLAN EN MATIÈRE D'ACTION POUR LE CLIMAT ET L'EMPLOI)

Deferred vote on the motion for second reading of the following bill:

Bill 224, An Act to enact the Climate Crisis Health Action Plan Act, 2020, the Ontario Climate Crisis Strategy for the Public Sector Act, 2020 and the Select Committee on the Climate Crisis Act, 2020 / Projet de loi 224, Loi édictant la Loi de 2020 sur le Plan d'action sur la crise climatique et la santé, la Loi de 2020 sur la Stratégie du secteur public de l'Ontario relative à la crise climatique et la Loi de 2020 sur le Comité spécial de l'action relative à la crise climatique.

The Speaker (Hon. Ted Arnott): The bells will ring for 30 minutes, during which time members may cast their votes. I will ask the Clerks to prepare the lobbies.

The division bells rang from 1135 to 1205.

The Speaker (Hon. Ted Arnott): The vote on the motion for second reading of Bill 224, An Act to enact the Climate Crisis Health Action Plan Act, 2020, the Ontario Climate Crisis Strategy for the Public Sector Act, 2020 and the Select Committee on the Climate Crisis Act, 2020 has been held.

The Deputy Clerk (Mr. Trevor Day): The ayes are 21; the nays are 51.

The Speaker (Hon. Ted Arnott): I declare the motion lost.

Second reading negatived.

The Speaker (Hon. Ted Arnott): There being no further business at this time, this House stands in recess until 3 p.m.

The House recessed from 1206 to 1500.

WEARING OF RIBBONS

The Speaker (Hon. Ted Arnott): I understand the member for London North Centre has a point of order he wishes to raise.

Mr. Terence Kernaghan: I believe you'll find that we have unanimous consent for members to wear a red ribbon in commemoration of World AIDS Day.

The Speaker (Hon. Ted Arnott): Agreed? Agreed.

REPORTS BY COMMITTEES

STANDING COMMITTEE ON GOVERNMENT AGENCIES

The Speaker (Hon. Ted Arnott): I beg to inform the House that today the Clerk received a report on intended appointments dated December 1, 2020, of the Standing Committee on Government Agencies. Pursuant to standing order 111(f)(9), the report is deemed to be adopted by the House.

Report deemed adopted.

INTRODUCTION OF BILLS

APOLLO SHAWARMA AND GRILL INC. ACT, 2020

Mr. Harris moved first reading of the following bill:
Bill Pr34, An Act to revive Apollo Shawarma and Grill Inc.

The Speaker (Hon. Ted Arnott): Is it the pleasure of the House that the motion carry? Carried.

First reading agreed to.

The Speaker (Hon. Ted Arnott): Pursuant to standing order 89, this bill stands referred to the Standing Committee on Regulations and Private Bills.

Introduction of bills?

Statements by the ministry?

Motions? Government House leader.

CONSIDERATION OF BILL 236

Hon. Paul Calandra: Speaker, I'm seeking unanimous consent that notwithstanding standing order 50(d), the order for third reading of Bill 236, An Act in respect of food and beverage delivery fees, be permitted to be called today.

The Speaker (Hon. Ted Arnott): Mr. Calandra is seeking unanimous consent of the House that notwithstanding standing order 50(d), the order for third reading of Bill 236, An Act in respect of food and beverage delivery fees, be permitted to be called today. Agreed? Agreed.

PETITIONS

DOCUMENTS GOUVERNEMENTAUX

M^{me} France Gélinas: I would like to thank François Philippe de mon comté pour les pétitions.

« Pétition—Accents en français sur les cartes de santé de l'Ontario.... »

« À l'Assemblée législative de l'Ontario :

« Alors qu'il est important d'avoir le nom exact des personnes sur les cartes émises par le gouvernement, » telle « la carte santé...; »

« Alors que plusieurs personnes francophones ont des accents dans l'épellation de leur nom; »

« Alors que ... le ministère de la Santé » a « confirmé que le système informatique de l'Ontario ne permet pas l'enregistrement des lettres avec des accents; »

« Nous, soussignées, pétitionnons l'Assemblée législative de l'Ontario pour qu'elle s'assure que les accents de la langue française soient inclus sur ... les ... cartes » santé émises « par le gouvernement de l'Ontario avant le 31 décembre 2020. »

J'appuie cette pétition. Je vais la signer et l'amener à la table des greffiers.

ECONOMIC REOPENING AND RECOVERY

Mr. Lorne Coe: "Petition for the Next Stage of Ontario's Action Plan.

"To the Legislative Assembly of Ontario:

"Whereas nobody knows for certain what direction the pandemic will take or what direction our economy will take.... We need to be prepared for anything; and

"Whereas the people of Ontario deserve transparency about the public finances—especially given these extraordinary circumstances; and

"Whereas there are countless examples around the world of jurisdictions who have let their guard down and who are paying a steep price. Our government is determined to avoid those mistakes;

"Therefore we, the undersigned, petition the Legislative Assembly of Ontario as follows:

“Pass Bill 229, the Protect, Support and Recover from COVID-19 Act (Budget Measures), 2020, so that:

—funding is provided to hospitals to make sure they have the resources they need to protect Ontarians;

—jobs and businesses are supported by putting at least \$200 in the hands of every parent and creating a new tax credit to help make the homes where seniors live safer;

—property taxes and job-killing electricity prices for the businesses that create jobs across Ontario are reduced.”

I support this particular petition. I will initial it and give it to the page.

OPTOMETRY SERVICES

Ms. Catherine Fife: “To the Legislative Assembly of Ontario:

“Whereas the Ontario government has underfunded optometric eye care for 30 years; and

“Whereas optometrists now subsidize the delivery of OHIP-covered eye care by \$173 million a year; and

“Whereas COVID-19 forced optometrists to close their doors, resulting in a 75%-plus drop in revenue; and

“Whereas optometrists will see patient volumes reduced between 40% and 60%, resulting in more than two million comprehensive eye exams being wiped out over the next 12 months; and

“Whereas communities across Ontario are in danger of losing access to optometric care;

“We, the undersigned, petition the Legislative Assembly of Ontario as follows:

“To instruct the Ontario government to immediately establish a timetable and a process for renewed negotiations concerning optometry fees.”

I fully concur with this petition and would like to thank Pierce Family Vision for delivering this petition to Queen’s Park.

GASOLINE PRICES

M^{me} France Gélinas: I would like to thank Manon and Rachel Emond from Hanmer in my riding for this petition.

“To the Legislative Assembly of Ontario:

“Whereas northern Ontario motorists continue to be subject to wild fluctuations in the price of gasoline;

“Whereas the province could eliminate opportunistic price gouging and deliver fair, stable and predictable fuel prices;

“Whereas five provinces and many US states already have some sort of gas price regulation;

“Whereas jurisdictions with gas price regulation have seen an end to wild price fluctuations, a shrinking of price discrepancies between urban and rural communities and lower annualized gas prices;”

They petition the Legislative Assembly of Ontario as follows:

“Mandate the Ontario Energy Board to monitor the price of gasoline across Ontario in order to reduce price volatility and unfair regional price differences while encouraging competition.”

I support this petition, will affix my name to it and send it to the Clerk.

ORDERS OF THE DAY

SUPPORTING LOCAL RESTAURANTS ACT, 2020

LOI DE 2020 VISANT À SOUTENIR LES RESTAURANTS LOCAUX

Mr. Calandra, on behalf of Mr. Sarkaria, moved third reading of the following bill:

Bill 236, An Act in respect of food and beverage delivery fees / Projet de loi 236, Loi concernant les frais de livraison de nourriture et de boissons.

The Speaker (Hon. Ted Arnott): I look to the government side to lead off the debate.

Ms. Goldie Ghamari: I am pleased to rise today and speak in support of Supporting Local Restaurants Act, 2020. This bill, if passed, would prohibit food delivery services providers, who would be identified in the regulations, from charging restaurants more than a prescribed amount for food and beverage delivery services or related services. The prohibition would apply in respect of restaurants that are not chain restaurants, that have an indoor dining area and that are prohibited from permitting indoor dining by an order or direction under the reopening Ontario act, 2020, or the Health Protection and Promotion Act.

This bill is incredibly important—and I’m going to give you some examples right in my riding of Carleton. I live in a rural area in Carleton, even though it’s technically only maybe 10 or 15 minutes away from what we would consider suburban or downtown Ottawa. There are a lot of restaurants there, but as it is with rural communities, everything is widespread and everything is far apart.

1510

Mr. Speaker, when I moved to my area and my house last summer, we didn’t have DoorDash or SkipTheDishes, or even Uber Eats. They weren’t there, in the area that I live. But now—and I think part of the reason is because of the pandemic—food delivery services have expanded. This is good news for restaurants in my riding—restaurants like CreekSide grill in Manotick, which recently, I noticed, was appearing on DoorDash and SkipTheDishes; restaurants like Gabriel Pizza; restaurants like the Asian restaurants or the Greek restaurants or the shawarma restaurants, Shawarma Palace, for example, and Shawarma Andalos. All these restaurants that are in my riding now have an opportunity to deliver food and provide food services to people in Carleton.

One thing that we have to make sure of, as a government, is that during these trying times we are supporting small businesses, we are supporting the mom-and-pop shops. What this bill does is, it makes sure that in these trying times, these restaurants are not taken advantage of, these restaurants are able to provide delivery services, and

they are able to provide food to people in the community in a way that is sustainable, in a way that will make sure that they can survive through this pandemic and get to the other side. That is why, Mr. Speaker, I am in support of this legislation.

Not only that; this bill would, if passed, provide for complaints to be made to the ministry regarding contraventions of the act and create the authority to investigate and resolve complaints and for investigations to be conducted in respect of contraventions of the act. This is also really important, because when you are talking about a local mom-and-pop shop and they have a complaint or an issue with a giant multinational corporation, whether it's Uber Eats or DoorDash or some other, a lot of times they're out-lawyered or they don't have the finances, so this legislation gives them a fair chance. This legislation levels the playing field so that we can continue to do what matters most, and that's protect the people of Ontario, protect the mom-and-pop shops, protect the investments that people have made, the livelihoods, the jobs they've created, to support local. That's why, Mr. Speaker, I urge everyone to support this bill.

The Speaker (Hon. Ted Arnott): Further debate?

Ms. Catherine Fife: It's an interesting day to be debating Bill 236. There's so much going on right now in the province with regard to precarious workers, gig workers and those who do not have the security under the Labour Relations Act.

Bill 236, just in case you're tuning in—because it's Tuesday, and this was only introduced on Thursday—caps fees that third-party delivery apps can charge to restaurants at 15%, with a maximum of 20% for all fees charged. This only applies to restaurants that are closed to indoor dining and does not apply to chain restaurants. A chain restaurant in this instance is considered to be if you have 10 or more restaurants.

Obviously, this is a step in the right direction. I wrote to the minister back in June, as did many colleagues from the official opposition. It is now six months later, and the government has come forward with a bill which, in the spirit, addresses the issue but leaves major gaps from an efficacy perspective.

This is a step in the right direction, and we, of course, are going to be supporting it, because we called for it. But there are a few concrete ways that this bill could have been improved. I personally would have liked to have had a chance to try to improve it, Mr. Speaker.

This is obviously a pattern that we have seen from the government. This is actually in keeping with the entire theme of this government, whereby they pretend or state that they understand a problem, but then they come to the table with only a half measure.

So I want to put on record what we would do if we were tackling this problem. It should be a province-wide issue. It should be a province-wide piece of legislation which would assist with every small business in Ontario. It should cover restaurants across the province, not just those that are currently closed to indoor dining.

The fact that the legislation has been crafted in this manner indicates that the government has very selective hearing when they are listening to issues that pertain to the economy. This becomes even more important when you consider the mixed messaging that has come out from this government as it relates to lockdowns, safety measures, and the assistance that has been much cried about across this province. Indoor dining in some areas can remain open, but the Premier is telling people to stay home, for instance.

The government has said, "We care deeply about small businesses," and yet they're allowing big box operators to both sell essential and non-essential items, which disproportionately negatively affects small businesses, particularly on Main Street. I made this point yesterday during question period. I basically said to the government: If you're going into a Walmart and you can buy shoes, flowers and books, then you're not going to go down to the main street business and order online or go curbside and pick up those items. This is a fundamental issue of fairness. Manitoba has taken such measures, Mr. Speaker.

The fact that the Premier is taking his marching orders from the president of Walmart and actually indicated in a press conference that, "The CEO of Walmart says that he's got to do it this way"—it is something that I never thought I would hear from a Premier, who's elected to serve the people. Do you know what? There are some complex issues in the world. I think figuring out how to not allow someone to buy a pair of jeans, for instance, while they're going in to buy their milk is something that we can tackle as a province. The bar is very low in this regard.

It seems like a no-brainer to give restaurants across the province the chance to keep a bit more of their revenue. At the very least, that is something that should have happened.

This legislation should have very clear protections for gig workers. Right now, the bill has a "just trust us" vibe, which is worrying, as this government hasn't exactly earned the trust of Ontarians, especially precarious workers. The onus is on gig workers to file complaints if income is affected by the cap.

I want to just cite one of the press releases that came out from one of the organizations, the Canadian Union of Postal Workers. This just came out yesterday. They've just had a chance to analyze the bill. They represent some gig workers who deliver for these apps:

"The Canadian Union of Postal Workers (CUPW) and app-based delivery workers have grave concerns about Ontario's Supporting Local Restaurants Act, which aims to limit fees charged by third-party food delivery operations, like Uber Eats and DoorDash. While the act may help small businesses, it provides little protection to couriers making the deliveries, whose wages may be threatened as companies look for ways to make up the lost revenue from the capped fees."

"The couriers we work with are already shortchanged by their app-based employers," says Jan Simpson, CUPW national president. "We're worried that the employers will pass the cost onto the workers, who have little to no transparency about their pay rates as it is."

I've said this many times in this House: In order to address a problem, you actually have to understand that the problem exists. There is a huge power imbalance right now in Ontario between couriers who work for these app-based employers.

It goes on: "The bill, intended to ease the burden on small business where indoor dining is impossible due to pandemic restrictions, was introduced" just last Thursday. "Delivery apps charge restaurants, already hurting for business, up to 30% for delivery service." So that is the problem. Unfortunately, this bill does not address the problem in its entirety. "The Premier has asked the apps in the past to reduce their fees, and not having seen results, is moving ahead with legislation."

This is also a theme that we have seen from this Premier. He came out very hard around price-gouging at Bruno's and at Longo's, shook his fist and said, "That's not fair." It hasn't worked with the insurance companies, who continually raise their rates, sometimes three times as much, or deny insurance to small businesses across this province. It certainly hasn't helped when he begged the for-profit long-term-care operators to pay their PSWs a fair wage and not have them go from home to home. This pattern of the Premier raising his fist and saying, "This is not right" and "I'm going to hit the ceiling," and saying certain people are "a few French fries short of a Happy Meal" has not been a method that has worked. And yet it is still the method that is embedded in this legislation, because there is no mechanism to hold the app-based fee companies to account.

1520

"The legislation, in writing, prohibits delivery companies from passing the financial impact of the cap onto their workers, but little is said about how the province plans to enforce this."

So you have knowingly crafted a piece of legislation understanding and articulating the problem, as the Premier has done, and left it open for abuse. That is something that—we were constantly trying to work with other members in this Legislature, because this is a problem that we can actually solve together, Mr. Speaker.

The press release goes on to say, "The bill provides a complaints-based mechanism to the Ministry of Small Business and Red Tape Reduction for workers who think their employer is cutting their compensation"—that sounds a little bit more like red tape, doesn't it, Mr. Speaker?—"but it doesn't offer real labour protections. A complaints process is of little use to couriers who are already intimidated or have reason to fear losing their income through cut hours or simply being deleted from the app."

That is how the gig economy works. If a courier is problematic, if they identify an inconsistency in labour practices, the company just goes to their mainframe and deletes them. That's how these things work in the province of Ontario. For some reason, this is okay by this government, Mr. Speaker.

A complaints process should be embedded and very clearly articulated so that if workers feel that the app-based

delivery company is really trying to make up for their losses because of a cap that has been imposed on the government—has very little recourse. That is most unfortunate, because this is already a very disenfranchised group of employees in Ontario.

"Instead of addressing the underlying imbalance of gig workers being misclassified as 'independent contractors'"—and I'm going to talk about that in a second—"the onus of asserting what should be basic labour rights is once again put on couriers' shoulders."

So in a time of crisis, a health crisis, an economic crisis, this government has signalled that this group of employees, this group of workers who have very little rights, very little licence as workers in Ontario, are now further going to be marginalized.

"It's been clear with recent examples, that the apps are free to change their pay structure unilaterally, and without transparency.

"Workers often have no idea how their pay is calculated and rates can vary wildly from hour to hour," says Brice Sopher, a courier in Toronto. "Expecting gig workers to conclusively prove they've had their pay cut through some nebulous complaints process essentially allows companies like DoorDash, SkipTheDishes and Uber Eats to slash pay for couriers with very little risk of any repercussions."

"The apps' business model has always exploited both small businesses and couriers," says Simpson. "This bill is not enough to make them change their ways. How are workers to know, let alone prove to the government, that they're paying for the fee cap to protect" large profits, large corporations? "The burden falls on the wrong people. We demand protection for these workers."

Once again, this government has missed the mark with this piece of legislation, Mr. Speaker.

Before I go on, I want to get the voice of a gig worker who has already written to the Associate Minister of Small Business and Red Tape Reduction. Her name is Jennifer Scott. For some reason, this government continually is making these same gestures, same moves, same courses of action that continually leave these workers off to the side, even though the Premier himself has articulated the problem. It goes on to say:

"Good evening,

"I'm a gig worker; I deliver food for Uber Eats, DoorDash, and SkipTheDishes. I've been working in this industry for four years. Due to worker misclassification I'm currently taxed as a small business;"—well, that adds insult to injury. "I deserve to be consulted on legislation that impacts my business' ability to access work and to earn enough to continue working.

"I'm deeply concerned that the Supporting Local Restaurants Act will worsen the precarious position of delivery workers. Your assurance that we will be able to seek recourse in the form of filing a complaint in the event that the app employers shift the burden of the cost of a cap on fees to our shoulders is dangerous.

"In regard to filing a complaint; how can we demonstrate that our wages have changed when the calculations for our wages aren't made transparent to us?"

“What options are available to us in the situation where we don’t have access to the necessary documentation to demonstrate pay changes to your office?”

“I would like to know how you will ensure that we receive labour driven protections, despite the fact that we are currently denied access to any recourse or rights?”

“In this industry restaurant operators and gig workers are on the same side. We’re both facing pandemic profiteering from the tech giants that provide access to the necessary work that has helped to secure jobs/businesses through COVID-19. Legislation to support one type of small business experiencing financial gouging at the cost of another type of small business is not representative of us all being ‘in this together.’

“With all due respect,
“Jennifer Scott.”

She goes on to say, “I’d like to add to it; in light of the speed with which this is being processed and the serious implications for precarious workers; I firmly assert that the only way to build a complaints system that will ensure accountability and support gig workers is to do that in consultation with us.”

Once again, the government has not consulted the very people who are facing the injustice. The onus should not be on the workers, who are already in an extremely precarious position and do not have basic labour rights. This is not okay.

The Ford government has clear contempt for improving working conditions for people across the province. As one example, we continue to wait for comprehensive paid sick days after the government slashed them.

This is December 1. When this whole thing started, there may have been a disconnect between the health and well-being of workers and the economy and the state of our public health in the province of Ontario. There should no longer be a disconnect.

The fact that this government has not acted on paid sick days and those who work in the service sector continually have to go to work when they’re not feeling well—there is a direct connection to the transmission and spread of COVID-19. When you have no choice but to go to work sick, you are going to go to work sick. Because this government has failed so utterly on paid sick leave, this continues to spiral this province into further cases and ultimately will have a negative impact on the economy. Small businesses told us this during the historic four-month consultation that this government embraced and yet did not act on. Early on in their mandate, we saw them dismantle protections for workers under the Employment Standards Act.

These moves and this bill have the potential to have a hugely negative impact on gig workers, the people who keep the system going. App delivery workers need this government to guarantee their income and their rights. You had the opportunity to do that in Bill 236. You would have had our full support had you done so.

Gig workers already earn meagre pay without basic labour rights and are misclassified as independent contractors, and should not see their income cut as a result of

the change. We know that gig delivery workers on apps like Uber Eats and DoorDash are misclassified as independent contractors—this is a well-documented case—which means they are, daily, denied basic workers’ rights and protections. This misclassification happens under the Employment Standards Act, ensuring that these gig workers have no rights as employees, essentially. It is the Wild West out there when you’re considering gig workers. Companies like Uber and DoorDash just spent \$200 million in California to, essentially, write their own labour law, to deny gig workers their rights and to continue to misclassify them.

One has to wonder, given who has the ear of the Premier in the province of Ontario, did they have an influence on how this legislation was crafted? Because it certainly isn’t in the interest of gig workers, of the very people who do the work.

Delivery workers fear the downloading of the fee cap onto their already meagre and inadequate earnings. Given that they have no labour rights, there would be no recourse for them. This has been well documented.

Any legislation on capping delivery fees to save our local restaurants needs to also save the delivery workers making sure the food gets to the customer, if you consider how important the delivery service sector has become to our economy. Given the fact that people are no longer altogether comfortable going into restaurants in a town like Kitchener-Waterloo, where we have students who actively use these apps on a regular basis, and in Ottawa and in Kingston—and in Windsor; sorry, Speaker—you have to consider the impact that these workers have on the overall economy. They are actually more important than they’ve ever been to the success of Ontario’s economy.

1530

Couriers and restaurants are in this together, but what they face are bad employers profiting off the pandemic and not giving workers or restaurants a fair shake. Foodsters United, who organized Foodora workers and won the right to be classified as employees, had the following requests from their employers regarding the second wave safety—I don’t know if you remember Foodora, they kind of left the province after they lost in court that the rights of their employees were being violated. They took off. “What do gig delivery workers need to stay safe while working in the second wave?” Again, not acknowledging that gig workers have rights, have the responsibility to actually be part of the safety plan—they’ve put forward recommendations, which could have been embedded and enshrined in legislation.

It says, “As we head into the second wave of the COVID pandemic in Toronto and Canada, couriers have once again been labelled as essential workers. We’re delivering food, over-the-counter medicines and groceries, risking our health and safety with only meagre protections. This pandemic has been hard on all of us: We are struggling to get by and struggling to access benefits when there has been no work or when we get sick.

“We are issuing a set of demands to our employers and a call for solidarity to customers, the public and allies”—

you would be surprised how basic their requests are: access to washrooms and handwashing; protective equipment; no-contact drop-offs; respect the right to refuse unsafe work, to be protected when you are refusing unsafe work; guaranteed return to work if you fall ill or need to go on CERB; paid sick time; hazard pay; the establishment of a gig worker joint health and safety committee; update the tipping system, encourage tipping; and a hiring and firing freeze. Does Bill 236 address any of these issues? Unfortunately, it does not.

So we find ourselves in the most unfortunate position of having to support a very small step for small businesses that were being gouged from the delivery app companies, and now—and just the antics around this piece of legislation are concerning, because there is obviously a push to move Bill 236 very quickly through this House. I've indicated, as have other members of the official opposition, that a lack of consultation has once again resulted in a weak piece of legislation to address a key issue that we all face.

Just to recap: The cap on fees only applies to restaurants that are currently in closure, and the exclusion of chain restaurants may negatively impact businesses. I just want to say, on behalf of chain restaurants, it is true that Pizza Pizza and—

Interjection: Kelseys.

Ms. Catherine Fife: —Kelseys are large chains, but they are family owned. These are small family businesses in many respects. Why exclude them, why give them a loophole in this? Why build it into a piece of legislation?

The bill only applies during the pandemic and will mean that businesses will go back to paying the incredibly high fees during the recovery period, which means they will continue to struggle.

Clearly, the government has missed the opportunity to address a very key issue that affects essential workers—in this instance, delivery couriers. They've failed to address basic health and safety and worker rights in Bill 236, and, based on the stakeholder reaction—the Canadian Franchise Association and the CFIB have raised concerns about the exclusion of the chains. Delivery app companies have flagged their concerns. Obviously, the city of Toronto is supportive. They passed a motion long ago, and it has actually been called for for months. The city of Toronto wanted the provincial government to move in this direction a long time ago. Then, of course, CUPW has raised concern about the part of the bill that says wages cannot be rolled back, saying that the onus is on the worker to prove that their pay has been reduced and not the company to prove that they didn't cut anything.

I just want you to remember the voice of that worker who really feels that this piece of legislation does not address her working conditions, and that the language and the tough talk of the Premier are not going to protect her as an employee, and will really just download these extra costs to workers. What a missed opportunity for this government and, really, a missed opportunity for us all to work together and make sure that this piece of legislation addressed a very core health and safety and economic issue.

The Acting Speaker (Mr. Percy Hatfield): Further debate?

Mr. Mike Schreiner: I appreciate the opportunity to rise to speak on Bill 236. I'll be very brief, Speaker, and leave some time for some of the other independent members to speak.

I will be supporting this bill. I have been calling on the government to address the unfair and exploitive way in which delivery apps have been squeezing small businesses and restaurants across the province. I can tell you, as somebody who came out of the food sector, it's pretty darned hard. There's a basic formula: You spend 30% on overhead, 30% on food and 30% on wages, and by that math there isn't 30% left for delivery apps, so this is an issue we absolutely need to address.

I want to echo some of the words—and I will do it in a much shorter way—of the member from Waterloo. I appreciate the member for raising some of these issues. After this bill is passed—and I'm assuming it's going to pass—I believe another bill needs to be introduced that applies to all restaurants, including franchisees who are small business owners in and of themselves, and to all parts of the province. This bill won't apply to my riding because we're not in lockdown, but I can tell you, restaurants in Guelph are under tremendous pressure right now to stay alive, and delivery fees play a role in that. So let's cap those fees across the province.

I finally want to say that we need to come up with legislation in this House to amend the Employment Standards Act to recognize gig workers as employees. It's an exploitive practice that has been documented over and over again. My hope is that in the same way we're all trying to work together to get this bill passed, we can all work together to come up with new legislation that fills in some of the shortcomings and gaps that exist in Bill 236.

So with that, Speaker, I will thank you for the opportunity to speak and let the debate continue.

The Acting Speaker (Mr. Percy Hatfield): Further debate?

Ms. Peggy Sattler: I am please to rise to participate in this third reading debate on Bill 236. I'm going to keep my comments very, very brief.

I just wanted to point out from a process perspective what we have lost by fast-tracking this bill in the speed with which it is progressing.

On Thursday, the bill was introduced for first reading. We saw a unanimous consent moved by a Liberal member to pass the bill on the spot, just to pass it right then. I don't know if the Liberal members had seen the bill and were aware of the shortcomings but wanted to pass it regardless, or if they hadn't seen the bill and they were fine with passing a bill sight unseen.

As we have heard from my colleague the member for Waterloo, it is important to take a look at legislation, to understand what the implication of the legislation is, and to try to address some of the shortcomings of the legislation that comes before us in this place. This would have been a good bill to move quickly to committee, to hear from some of those franchise owners across the

province, to hear from some of the restaurants that are closed to in-person dining that will be affected by this bill. The delivery services that they rely on—their workers might be taken advantage of by this legislation.

We have missed an opportunity, but a thin slice of a loaf is better than no loaf at all. We're going to be supporting this bill, but I do hope that this is a lesson for MPPs in this chamber that it is important to take the time to look at the legislation that we are passing and to do our best to improve it to really address the needs of the people we represent.

The Acting Speaker (Mr. Percy Hatfield): Further debate? Further debate?

Pursuant to the order of the House passed earlier today, I am now required to put the question. Mr. Calandra has moved third reading of Bill 236, An Act in respect of food and beverage delivery fees. Is it the pleasure of the House that the motion carry? I heard a no.

All those in favour, please say "aye."

All those opposed, please say "nay."

In my opinion, the ayes have it.

A recorded vote being required, the bells will ring for 30 minutes, during which time members may cast their votes. Prepare the lobbies.

The division bells rang from 1542 to 1612.

The Acting Speaker (Mr. Percy Hatfield): The vote was held on the motion for third reading of Bill 236, An Act in respect of food and beverage delivery fees.

The Deputy Clerk (Mr. Trevor Day): The ayes are 51; the nays are 0.

The Acting Speaker (Mr. Percy Hatfield): I declare the motion carried.

Be it resolved that the bill do now pass and be entitled as in the motion.

Third reading agreed to.

COMPASSIONATE CARE ACT, 2020
LOI DE 2020 SUR LES SOINS
DE COMPASSION

Mr. Oosterhoff moved third reading of the following bill:

Bill 3, An Act providing for the development of a provincial framework on palliative care / Projet de loi 3, Loi prévoyant l'élaboration d'un cadre provincial des soins palliatifs.

The Acting Speaker (Mr. Percy Hatfield): We turn now to the member—

Hon. Paul Calandra: Point of order.

The Acting Speaker (Mr. Percy Hatfield): I'm sorry. A point of order?

Hon. Paul Calandra: In accordance with standing order 7(e), I'd just like to inform the House that there will be no night sitting tonight.

The Acting Speaker (Mr. Percy Hatfield): We have been informed there is no night sitting.

I turn again to the member for Niagara West.

Mr. Sam Oosterhoff: It is an honour and a privilege to be able to rise in this House on behalf of the good people of Niagara West and speak today at third reading of Bill 3, the Compassionate Care Act.

This is legislation that I have introduced multiple times in this chamber over the past four years of service, the first time being on November 27, 2017, just over three years ago today, and I am grateful to see it coming to third reading today due to the passion and work of so many people. I want to thank, specifically, the members of the Standing Committee on General Government, who, for their work and attention to this legislation at the committee stage, have been able to ensure that this legislation moved forward and that they referred this bill on palliative care back to the House for this reading and vote. I'm grateful for all their attention and hard work.

My thanks also goes to the team at the Ministry of Health, as well as the Minister of Health, Christine Elliott, and my colleagues on all sides of the aisle for their support of both this legislation and the need for greater supports for those on their end-of-life journey.

My gratitude also goes to my senior policy adviser and EA, Crystal Mason, who has worked tirelessly on many hours of consultations, research, stakeholder outreach and internal committees to make sure this bill kept advancing.

And, of course, my deep gratitude goes to my wonderful wife, Keri, for her steadfast love and support.

Speaker, in many ways, palliative care is about living a good life and being able to spend the last days of life in a respectful and dignified setting, one that recognizes the innate dignity of humanity, the imago dei impressed on every soul. But the bill that the members are being asked to consider today and over the next few minutes and hours is also about death and dying. In many ways, this is the elephant in the room, the unspoken reality that we all share: All of us in this chamber and in this room will die. And although there are sad and tragic circumstances where people pass away due to accident and other rapid and unexpected ways, the vast majority of us in this room and Ontarians across the province should be able to plan for and see their deaths coming down the road. Whether it's due to disease, sickness or old age, over 90% of us will likely need and would benefit from some form of palliative care before we die.

Speaker, as a Christian, I don't fear death. I remain confident and energized in the reality of the resurrection and the assurance of things not yet seen. But I know that death is a reality, and, for many, an incredibly painful reality, that tears at the very heart, spirit and strength of what makes us human. End-of-life care needs to be respectful of this pain and anguish, and it needs to address the hurt that plagues so many across our province and nation who look for meaningful end-of-life care without finding it.

Palliative care focuses on the relief of pain and other symptoms for patients with advanced illnesses and on maximizing the quality of their remaining life. It may also involve emotional and spiritual support as well as caregiver and bereavement support. It provides comfort-based care as opposed to curative patient treatment. Patients can

receive palliative care in their homes, in hospitals, in hospices and in long-term-care homes in a variety of different situations.

I wish to acknowledge the significant work that has been done by the Ministry of Health and Minister Elliott to improve palliative care services in Ontario. Our government has committed \$74.7 million a year to provide palliative and end-of-life care for Ontarians. Moreover, Ontario is investing over \$36 million in capital funding to build an additional 200 hospice beds across the province. When these beds open over the next three years, the government will provide an additional \$21 million in operational funding for nursing, personal support services and other services delivered to patients in these beds.

I also wish to acknowledge the work of the Ontario Palliative Care Network and the many partners across the province who serve to advise the government on palliative care. When Bill 3, the Compassionate Care Act, was first introduced in its original form as Bill 182 in 2017, I heard from many hospices and family members of patients across the province—people like Nancy Salvador, who spoke about the amazing care her husband had received in hospice:

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“When my husband was dying of cancer 18 years ago, sometimes he had to be hospitalized, but as much as possible we cared for him at home. At that time, we were very blessed to have hospice nurses come into our home every day. They were never rushed, and lovingly cared about each member of our family. If it was difficult to manage his pain level, sometimes I would even have to call them in the middle of the night, and it was such a comfort to have a nurse give me more suggestions as to what to do to make him feel more comfortable, and when to take him to the hospital. I am sure that hospice palliative care would benefit other families in trying times today. I thank God for hospice nurses.”

So what is Bill 3, the Compassionate Care Act, and why has it been brought forward? Bill 3, as the title of the bill describes and as the explanatory note details, “requires the Minister of Health to develop a provincial framework designed to support improved access to palliative care. The minister must table a report setting out the provincial framework in the Legislative Assembly within one year after the bill comes into force. Within three years after the report is tabled, the minister must prepare and table a report on the state of palliative care in Ontario. Each report must be published on the government of Ontario website.”

The reason for this legislation is really quite simple: Although there have been improvements in recent years, Ontario has a patchwork of palliative care, with varying levels of care depending on where you are in the province. In particular, rapidly growing urban centres, the north, and small towns in rural Ontario are struggling to ensure the proper access to palliative care that Ontarians expect and deserve. It’s why we need a framework that addresses these issues.

It’s important to note that the Compassionate Care Act is not just about dying well but about living well. It’s about

quality of life, a holistic approach to care and, from a faith-based perspective, also dignity of life. It’s about a compassionate plan and circle of care for those at the end of life and those dealing with serious illnesses in both adult patient and pediatric settings—a need made more urgent and critical by the current context of COVID-19.

When I think about the vision and values of the Compassionate Care Act, I think of the important work being done in my riding at the McNally House Hospice in Grimsby. I’m inspired by the combined efforts of local caregivers and a supportive community that’s providing end-of-life care that is client-centred, holistic and culturally sensitive. As Pamela Blackwood, the executive director of McNally House Hospice, noted at the committee, these communities of care are truly what make so many hospices centres of love and good memories in their community.

The committee heard from a number of experienced and qualified voices on palliative care from across the province. A local registered nurse and compassionate care advocate, Mahoganie Hines, noted, “Palliative care is about living and dying well. It requires a team approach, many amazing professionals and people making quality palliative care a reality; from physicians, nurses, PSWs, psychosocial bereavement supports, social workers, occupational therapy/physiotherapy, dietary, speech-language pathology, spiritual care workers, volunteers, to family, friends and communities, everyone is essential and everyone has a role.... We have to do better. The passing of this bill cannot be the end of our progress, but it is a step in the right direction. We need to ensure we’re continuously listening and learning.”

Speaker, I couldn’t agree more with those words.

We also heard at committee from Dr. José Pereira, a palliative care physician and professor and director of the division of palliative care at the department of family medicine at McMaster University and co-founder of Pallium Canada. He said, “To be very honest, I did not think 25 years ago, when I was first training in palliative care, that a quarter of a century later I would still have to be advocating for palliative care. We have made many strides over the last two decades, and we do have much to celebrate. But, sadly, there are still too many gaps.... I still witness too many patients not receiving adequate pain control or palliative care; receiving care too late; being sent to emergency departments in the last days of life; and dying in hospital because of shortages of hospice beds.... All health care professionals who care for persons with serious illnesses need core palliative care competencies. There is wisdom in the saying ‘teach them to fish and they will have fish for a lifetime.’ In this case, ‘teach and support them to do palliative care, and many more people will receive it.’”

Speaker, that is the intent of this legislation.

As Cardinal Thomas Collins, the archbishop of Toronto, noted, “Palliative care is a great gift and one that desperately needs to be promoted and magnified so that Ontarians can both understand what it is and have access to it. Studies show that those in their final days fear two

things above all else: loneliness and pain. Palliative care addresses both of these fears with compassion and love.... I am pleased to see that the bill calls in the Minister of Health to consult with these providers. They have been engaged in this work for years—we should listen closely to their advice and ask them to be part of implementing both the framework in this bill and to partner on a path to expanded palliative care in the future.”

Also, we heard from Rick Firth, the president and CEO of Hospice Palliative Care Ontario, who noted that, “We know that with an aging population, the demand for quality hospice palliative care is rising rapidly. With the right commitment, prioritization, and funding allocations, we can meet that demand, we can end hallway medicine, deliver a meaningful patient and caregiver experience and measure outcomes in terms of well-being and quality of life—all while lowering overall health care costs. That is hospice palliative care.”

We also heard from Jeff Moat, the CEO of Pallium Canada, who noted, “Training and education of staff on the palliative care approach is an essential component of any strategy that aims, at a population level, to improve the provision of palliative care and access to palliative care for citizens in all care settings.”

Speaker, we’ve seen the need for leadership, and I appreciate the support of all members in this House to ensure that this type of bill helps provide that leadership and framework for the Ministry of Health.

Many of the presenters the committee heard from stressed the importance of a strategy such as this to address this urgent issue. We see a clear cross-partisan coalition of support for this bill and on this issue.

I do, however, also want to briefly read from an endorsement from the Canadian Society of Palliative Care Physicians. They describe, I found, very well the following reasons for the need for this legislation, saying, first of all, that we need to ensure our health care system equitably meets “the needs of Canadians who are nearing the end of life and their families. Access to palliative care depends on where you live, how old you are and what you’re dying from.

“(2) We know that the need for palliative care resources will only become greater as Canadians continue to age. For the first time in history, there are more seniors in Canada than children....

“(3) Approval of your private member’s bill would help to ensure that Canadians have options to reducing suffering at the end of life. There are no standards for the provision of palliative care nationally or within Ontario; nor are there standards for the education and credentials of health care providers who provide palliative care.

“(4) Approval of your ... private member’s bill will ensure that standards and accountabilities are set so that Ontarians can be assured of receiving quality palliative care from appropriately trained providers.”

All Canadians, including Ontarians who have a grievous and irremediable medical condition, have the right to seek medical assistance in dying, but they do not yet have the right to access palliative care.

“(5) Data regarding access and quality of palliative care services is disjointed within Ontario and across the country. Key indicators need to be collected provincially and nationally as we do for other areas of health care.”

In addition to these, as well as many other supportive networks, including the ALS Society of Canada, the Alzheimer Society of Ontario, the Alzheimer Society of Niagara Region, the Registered Nurses’ Association of Ontario, the Registered Practical Nurses Association of Ontario and the OMA, I wish to acknowledge members from the other parties, including the member for Nickel Belt, the member for Guelph and the member for Ottawa South, who showed throughout both the time at committee and earlier in the introduction of this legislation a willingness to work collaboratively and ensure that we were able to move forward the best possible legislation for the people of this province.

We also heard from the member for Hamilton West–Ancaster–Dundas, who spoke passionately and personally about pediatric palliative care, an inclusion that has been added to this legislation that was not in an earlier draft. The unique needs for support for our youth and children is incredibly important.

Of course, I want to also acknowledge my colleagues in the government; specifically, the Minister of Health, Christine Elliott, as well as her team, who have shown sincere care and interest in moving this legislation forward, as well as the government House leader’s office.

Speaker, I would be remiss if I didn’t thank the hard-working men and women who each and every day spend time working on the front lines to ensure that palliative care is a reality for so many families across this province. Thousands of people—nurses, doctors and caregivers alike—give of themselves each and every day to ensure that people have meaningful, quality palliative care across this province. This bill is about supporting them to ensure that they’re able to do that work in more and more places, and more and more effectively.

Although palliative care is about a meaningful and supportive end-of-life journey for each and every Ontarian, Bill 3, the Compassionate Care Act, is not really about death, but rather about life—about living the good life and having a good death, right up until the very end. It’s about supporting people such as Pieter Harsevoort, who passed away shortly before the introduction of this legislation. He died from spinal muscular atrophy yet lived most of his life accessing palliative care while he served as a special education teacher at an elementary school in Hamilton. Pieter was able to bring so much meaning to people’s lives, and was able to touch so many people with love while he was accessing palliative care.

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The story of improving people’s lives through palliative care is not limited to any particular area of our province. The need for palliative care is not limited to any particular area in our province. Whether it’s the GTHA, whether it’s remote, rural communities or our Indigenous partners, or even in areas that we may not expect it, in downtown urban centres, the need is there.

Speaker, the Compassionate Care Act is about dignity, respect and meaningful support for families and individuals in their end-of-life journey. It's about fulfilling our government's strong commitment to ending hallway medicine and listening to front-line providers. Ultimately, I'm confident that these goals will resonate with all members of this Legislature, and I hope that I can count on the support of all members of this House.

Je vous remercie, tout le monde, pour votre attention cet après-midi. Thank you, and soli Deo gloria.

The Acting Speaker (Mr. Percy Hatfield): Further debate?

M^{me} France Gélinas: It's a pleasure for me to talk about the Compassionate Care Act. New Democrats will be very pleased to vote in favour of this bill. As the member just mentioned, dying is a part of life, but I would tell you that dying well is a basic human right.

During deputations, we had the opportunity to hear from over 21 speakers—I'm going by memory—who, I would say, taught me and all of us an awful lot about palliative care, so I will go through the different themes that we heard through deputations.

The number one issue that everybody brought to us is funding for hospice palliative care. I remember Hospice Niagara, who said that every year they have to fundraise \$1.8 million to pay for clinical costs. You're talking about paying the wages of nurses, RPNs, PSWs. The government only gives them about 50 cents on the dollar to pay for the care that the people in a palliative care bed need to meet their needs. They explained to us that they had to postpone fixing some of the infrastructure of their home, because they were not able to maintain the quality of care that they want to give to their residents as well as fixing the roof and the boiler and everything else.

They also talked about capacity issues. They shared with us that they turn away between 300 and 400 patients every year. This is one of the themes that we heard throughout. We had many of the 25 hospices come to do deputations; they all said the same thing. They are paid about 50 cents on the dollar.

I cannot understand why, if the same patient was in the hospital, it is okay for us to pay for his care or her care, but if the same patient decides to go into a hospice, where end-of-life care will be way better than in a hospital most of the time, then the hospice has to fundraise. This has to change. We don't have to wait. We could do this right now.

A lot of them talked about the added difficulty that COVID-19 brought upon them, because fundraising right now is pretty limited. A lot of them shared with us that they sell butterflies and release them, and all sorts of really creative ways to raise money that are not feasible to do during COVID-19. So they're all very worried what will happen to their operating fund that goes to pay for their nurses, their PSWs and all of this. That was the number one thing we heard.

The number two thing we heard is that we need more hospice beds. There is a ratio that exists—right now in Ontario, we have 400 beds, and the minimal ratio, if you

really go at the bottom of the scale, says that we should have at least 814 hospice palliative care beds in Ontario, double what we have now. We do know that there are 25 communities out there that have proposals to the government. They are ready to go, if only the government is going to give them the okay to go ahead and start building and be recognized as a hospice. I'm hoping that some of the recommendations that are made do not have to wait for the framework to be there and reported, that we can act upon this right now.

The number three issue that we heard from most of the presenters is pay equity. Right now, most of the nurses who work in palliative care get paid about \$10 an hour less than doing the exact same work in another field. If you decide to provide palliative care in a hospital as a nurse, you will be paid on average \$10 an hour more. Why? Because the money that the government transfers to our hospices, the 50% of what is needed for care of the people, has not increased in a very long time, and they have not been able to increase the pay that they give to their—they have nurse practitioners; they have registered nurses; they have registered practical nurses; they have PSWs. All of them are at a way lower pay, and a lot of them do not have full-time work—so recruitment and retention issues in all parts of palliative care, not only in hospices. If you look at home care, if you look at visiting programs—all of them have said that they have recruitment and retention issues because there hasn't been any money invested in palliative care by the last two governments.

The number four issue that we heard—and we heard it nice and clear, and the member made reference to it—is pediatric palliative care. That is palliative care for children. Many who came to do deputations made it clear that the way that you provide palliative care for pediatric patients is very different. Whenever you lump them in with the adults—first of all, the adult sector is poorly funded, and then the number of pediatric patients is so low that for most of them, it is never a priority so it never gets done. Most of them who came forward, though, had a solution. They talked about a regional hub-and-spoke model that will be based on the five pediatric centres of excellence that we have in Ontario. The five pediatric hospitals would be the hub, and then the spokes would be—they would give support to different communities that they serve. Some of them know this model way better than I ever will, but it makes sense to me that if there's a child who has been diagnosed with a terminal illness, or a severe illness that may lead to death, there's a good chance they will be referred to one of those specialty pediatric hospitals and palliative care could start right then.

I also want to give a shout-out to my colleague from Hamilton West–Ancaster–Dundas, who presented Bill 114, the Nancy Rose Act (Paediatric Hospice Palliative Care Strategy), last year. I'm happy to say that when we went through clause-by-clause, we had unanimous consent to add this into the Compassionate Care Act so that pediatric palliative care will be looked at. That is something that many presenters had brought forward, and something that we heard and the committee agreed to act upon. So it's good news on this front.

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The rest of them are in no particular order. They're just things that we heard while we were at deputations.

The first one, I would say, is that we should agree on a definition of palliative care. There was one that I really liked. It says, "Define palliative care as follows: Palliative care refers to care for patients and their families who are facing serious, life-limiting illnesses. It focuses on relieving suffering and improving quality of life for patients and their families at all stages of the illness, extending beyond end of life and including pain and symptoms management, skilled psychosocial, emotional and spiritual support, and comfortable living conditions with the appropriate level of care whether at home, in a hospital or any other settings of patients' choice."

Others put forward similar definitions, but my take-away from this—and again, this is something the member agreed on and everybody on the committee agreed on. We took away "hospice" from the title of the bill. The bill used to be "An Act providing for the development of a provincial framework on hospice palliative care." Once people started to explain to us more about palliative care, how it is there to support anyone at any time in their journey once they have been diagnosed with a severe illness that could lead to death, it became clear that hospices—don't get me wrong; we all love them. They all do a very good job. They are all very good at what they do, and we want them to continue, and we want more. But we all understood that palliative care was way bigger than this. It included home care. It included friendly visiting. It included somebody at the end of the phone at 2 a.m., when things don't go well. It included bereavement and support for the people left behind, no matter your age, no matter where you live, no matter your circumstances. That was something that was shared with us.

Another thing that was shared with us was the difficulty of getting physicians to come into this field. Again, the member alluded to what we heard on this point. The system of payment through fee-for-service is not very supportive of somebody who does palliative care. One of the physicians shared with us that the first hour and a half of his day, when he sits down with the care team to go through all of the patients—all of this he cannot bill for. So it's hard to recruit physicians. That's one part.

The bigger part really has to do with training, where there was not very much training available and accessible to get health care workers—all of them: PSWs, nurses, physicians, physiotherapists, social workers, psychologists, psychotherapists etc.—into palliative care. A lot of health care providers shied away from palliative care. They knew they did not have the knowledge and the skills to do good work. But this knowledge and skill should have been taught, and it should be easier for them to get to.

A big part of the teaching also had to do with the volunteers and the caregivers. They also need to possess some competency so that they can feel like a meaningful part of the team.

A lot of people presented on the needs of what they called underserved communities. The list of underserved

communities got longer and longer with the list of presenters, but the ones that were mentioned most often were francophone, First Nations, Métis, Inuit and the homeless population. They talked about regional inequality. There are regions of the province where there is very little palliative care available. They talked about people who died in jail. They talked about having palliative care that is culturally sensitive to who you are as an individual, your religion, your background, and all of this. Ontario has the knowledge and the skills to do all of this. They're hoping to see those addressed in the framework so that once the framework is finished, we see something where palliative care is available to all, no matter where you live, no matter your disease, no matter your age. We will have a framework that will make it available to all.

Another part that was shared had to do with data collection. There are indicators right now that are collected by Ontario Palliative Care Network—the network has existed since 2016, we were told—and they would like this agency to have a clearer mandate to collect quality indicators, to collect data, so that we can establish benchmarks and we can establish minimum standards for every Ontarian who needs access to palliative care. It was interesting to see how what we had right now did not include collecting data from family, from caregivers, as well as from the patients themselves. So everybody saw that there was room for improvement, but they also recognized that what had been put in place since 2016 was something that we should be able to work on.

They also talked about advance care planning. Basically, they were hoping that the framework will improve advance care planning across the province and enhance awareness and access to palliative care services early in an individual's diagnosis. This is something that we heard over and over. This idea that 48 hours, when death is imminent, that you get transferred to palliative care—that's not what palliative care is about. Palliative care is really about the journey. It's about making sure that you have time to think about the road ahead, that you have time to look at: where are the decision points, what are the decisions that you want to make when those decision points come. This is what palliative care is there for. Sure, it's about pain management and symptom control and all of the physical parts of palliative care, but there's a huge part of it that has to do with keeping you in control of your life and the way you want to live your life all the way to the end. There will be decisions that will need to be made. There will be decision points along the journey. Let's talk about those early enough so that you have time to really think them through, so that when it's time to live through them, you are not taken aback and you know what the choices are and you remain in control of your whole life till the end.

There were many people who came to do deputations, but there are three people I would specifically like to thank. J'aimerais remercier Paul-André Gauthier, who came to present, as well as Dr. Tenhunen, who has been providing palliative care in my community for as long as I can remember—a very long time. I would also like to thank Trish Lafantaisie from Maison McCulloch Hospice,

who came and did the deputation, and for the information that they shared with us.

Ça me fait extrêmement plaisir de pouvoir parler du projet de loi. Ce n'est pas souvent qu'on a l'occasion de parler de soins palliatifs à l'Assemblée législative, mais ça, c'était une belle occasion; une occasion où les députés de tous les partis ont travaillé ensemble pour voir comment on pouvait améliorer le projet de loi qui avait été déposé.

Dans les choses que l'on a entendues, la première faisait partie du financement. Les gens demandent que les hospices soient financés à 100 % pour les soins qu'on y offre. En ce moment, c'est limité à environ 50 % des coûts des soins qui sont payés par le gouvernement. Le restant? Ils doivent aller faire des collectes de fonds.

1650

En un deuxième temps, on a parlé du manque de lits de soins palliatifs. En ce moment, nous avons 400 lits de soins palliatifs dans des hospices. On en aurait besoin d'au moins 814.

Le troisième, c'est l'équité. Si une infirmière ou une préposée aux soins décide de travailler dans le milieu des soins palliatifs, elle gagne en général 10 \$ de moins que les infirmières qui travaillent dans les hôpitaux. Ça crée des problèmes de recrutement et de rétention.

Le numéro quatre, c'était les soins palliatifs pour les enfants. C'est devenu très clair qu'il y a un besoin. Le besoin est petit, mais le besoin, il est là. L'Ontario sait comment répondre à ces besoins-là, mais ils ne devraient pas faire partie des adultes, et ça, c'est un changement qu'on était capable de faire au projet de loi de façon unanime.

Ils ont également parlé des problèmes de recrutement de médecins, avec le paiement qui ne fonctionne pas toujours. On a entendu parler du besoin de bien entraîner tous ceux qui travaillent dans le milieu de la santé pour qu'ils se sentent confortables de travailler dans les soins palliatifs, ainsi que des populations insuffisamment desservies.

It was a pleasure to be part of this journey to go from second to third reading, to see the collaboration from everybody in this House. I think the bill as we see it will do good things for Ontario.

The Acting Speaker (Mr. Percy Hatfield): Further debate?

Mr. Mike Schreiner: It's a real honour to rise and speak in support of Bill 3, the Compassionate Care Act. I appreciate the member from Niagara West bringing this bill forward.

Speaker, I feel blessed that this bill came to the committee that I'm on, because I'd have to say that it has been one of the most rewarding experiences I've had in committee since I've been elected to this Legislature—to see that we listened to people who came to committee and talked about ways that we could improve the bill. PC government members put forward amendments. NDP official opposition members put forward amendments. I worked collaboratively with a fellow independent from Ottawa South; in that case, Liberal-Green co-operation. I think we all worked together to improve this bill.

Part of it was driven by the approach that the member from Niagara West brought to the table of being open to amendments from other members and ways to improve the bill.

So I just want to compliment all members of this House and all members of the general government committee for the collaborative and co-operative way in which we approached this bill.

Ms. Goldie Ghamari: The best committee.

Mr. Mike Schreiner: Yes, and the Chair is here in the House.

I'll just say how important it is, I believe, for us to develop a provincial framework to improve access to palliative care. The elephant in the room is that a lot of people don't want to discuss end of life. They don't want to make that plan. As so many people came to committee and talked about, end of life isn't about dying, it's about living well. It's about having a plan to live well. It's about breaking down and removing the barriers to accessing palliative care so that everyone in this province, and especially the people who are the most vulnerable, can access high-quality palliative care so their quality of life at end of life is good.

We know that by improving that care and that access to care, it will actually reduce costs and burdens on our health care system. It's one of the reasons I want to say just how important it is that we improve funding for palliative care.

I want to give a shout-out to Pat Stuart and her team at Hospice Wellington in my riding. As they pointed out to me, they have to fundraise for over 50% of the costs they need to deliver care to people. I would like to see that funding gap closed so they can provide better care.

Finally, I just want to say how important it is—we've heard from so many witnesses—that we have pay equity and training for all health care providers in the delivery of palliative care, so that everyone in our health care system can offer those services to members of our community.

I want to thank the member from Niagara West for bringing this bill forward. I'll be voting for it.

The Acting Speaker (Mr. Percy Hatfield): Further debate?

Mrs. Robin Martin: I wasn't sitting on the general government committee, so I did not have the pleasure of watching this bill go through committee, but it sounds like it worked very well and everybody contributed a lot.

I do want to start my comments by commending the member for Niagara West for bringing forward this private member's bill. Frankly, I think it's the most important private member's bill that has come forward in the sitting since this government was elected. I think it is bringing a really important issue to the floor, something everybody seems to agree we need to do better on.

Our government has made a commitment to the people of Ontario to build a sustainable, connected, integrated health care system, and part of that integrated health care system will include palliative care services through the Ontario health teams. I think the member from Niagara West also mentioned that the Ministry of Health is committed to supporting high-quality palliative and end-

of-life care for all Ontarians who need it, and our government has committed \$74.7 million a year to provide palliative and end-of-life care for Ontarians. That funding is dedicated to initiatives such as visiting hospices and residential hospices, both those that are existing and those under development. On top of that, we know that investments in primary care and home and community care also are supportive of palliative and end-of-life services.

Ontario is investing \$36 million in capital funding to build more than 200 residential hospice beds across the province, and when these beds are open over the next few years, the government will also provide over \$21 million each year in operational funding for nursing, personal support and other services delivered to the patients in these beds. When the current hospice expansion initiative is complete, Ontario will have 622 approved hospice beds at 103 sites across the province—and 410 of those beds are currently open. But we know we need to do more, and that's part of why we're here today discussing this bill, and we do think it has very important objectives.

The Ontario Palliative Care Network, which was also mentioned by the member for Niagara West, provides the government with advice on palliative care and is now part of Ontario Health, and they'll continue to provide that kind of advice to the government.

My own parents, both of whom have now passed away, were both in palliative care in two different Toronto hospitals, so I've had that experience with palliative care services.

A few years ago, maybe because I'm getting to this age and stage of my life—I'm a woman of a certain age—I was very interested in reading about death. Actually, it's something I've been interested in reading about for some time because it's one of these subjects nobody likes to talk about, as we've mentioned a few times here today. I read a great book by Dr. Atul Gawande a few years ago called *Being Mortal*, and I just wanted to share a couple of things from that book. He wrote in this book that, in 1985, there was a paleontologist and writer, Stephen Jay Gould, who published an extraordinary essay about palliative care. He was diagnosed with abdominal mesothelioma, a rare and lethal cancer. He was quite young; I think he was 40 at the time. So he had some thoughts about it, which Dr. Gawande recorded, which I thought were quite profound. He said:

“‘It has become, in my view, a bit too trendy to regard the acceptance of death as something tantamount to intrinsic dignity,’ he wrote in his 1985 essay. ‘Of course I agree with the preacher of Ecclesiastes that there is a time to love and a time to die—and when my skein runs out I hope to face the end calmly and in my own way. For most situations, however, I prefer the more martial view that death is the ultimate enemy—and I find nothing reproachable in those who rage mightily against the dying of the light.’”

I thought that was a great quote.

He goes on to talk about this essay, and the comment that Dr. Gawande makes is really quite profound. He says that whenever he speaks with a patient who has a terminal

illness, he remembers this expression from Stephen Jay Gould. He says, “There is almost always a long tail of possibility, however thin.” What's wrong with looking for the possibility that life could go on? He says, “Nothing, it seems to me, unless it means we have failed to prepare for the outcome that's vastly more probable. The trouble is that we've built our medical system and culture around the long tail. We've created a multi-trillion dollar edifice for dispensing the medical equivalent of lottery tickets, and have only the rudiments of a system to prepare patients for the near certainty that those tickets will not win. Hope is not a plan, but hope is our plan.”

1700

I think that is a profound statement about the place where we're at right now when we discuss aging, death, dying and end-of-life palliative care etc.: that people don't want to discuss the subject, but it is so important that we do, because we cannot fix things, we cannot improve things, unless we have, can I say, a more adult approach to these issues. I think we need to look at those issues.

One of the most important things to me is advance care planning. It's something I'm kind of obsessive about, and perhaps it is because of my own experience, having lost both my parents and having had to deal with—I won't say their estates, because they really had nothing, but with their passing and with making end-of-life decisions for them when that was difficult.

I certainly would encourage all of my colleagues to do end-of-life directives, to do powers of attorney for personal care and to make them as specific as possible, and to make sure all of your loved ones do the same. You need to answer specific questions like, do you want to be resuscitated if your heart stopped? Do you want aggressive treatment such as intubation and mechanical ventilation? Do you want antibiotics? Do you want to be fed via tube or IV feeding if you can't eat on your own? The answers can change over time as you age, but if you don't answer those questions, someone will have to answer them for you, and they may not choose what you want. I will say that is the most important thing to me.

What we really are talking about here today is respecting the wishes of people, and we can't respect their wishes if we don't know what their wishes are, even with the best intentions. It's easier on the family if you make your wishes clear. It's easier for the individuals themselves if their wishes are made clear—and saying “no heroic measures,” unfortunately, leaves everybody with no information about what you really want.

So that is my injunction that I'd really like to put out there. I think it is so important to try to be as specific as possible about what you want and about what your loved ones want. Believe me, it is much easier to have this conversation when they are not ill than when they are. Maybe they're not able to have the conversation when they're ill, but certainly, if you have it when they're not ill, there isn't all the emotion that is there otherwise.

I'm going to share my time, of course, with the Minister of Education.

I just want to quote one more thing from this book by Dr. Atul Gawande: “I am leery of suggesting the idea that

endings are controllable. No one ever really has control. Physics and biology and accident ultimately have their way in our lives. But the point is that we are not helpless either. Courage is the strength to recognize both realities. We have room to act, to shape our stories, though as time goes on it's within narrower and narrower confines."

I think this book has a beautiful way of looking at it. Our ultimate goal, after all, is not a good death, but a good life until the very end.

I'll just leave it there.

I pass it to the Minister of Education.

The Acting Speaker (Mr. Percy Hatfield): Further debate?

Hon. Stephen Lecce: It's a pleasure to speak on this bill. I will, first off, acknowledge my friend and colleague the member for Niagara West for his leadership, starting in 2017, working across party lines to get this to the finish line. I reflect on this being the first piece of legislation of its like in this country. It's precedential. I think it will set a standard of care and a standard for creating a framework for every province so that every human life has dignity, and that is really important.

I am cognizant and grateful that in the federal Parliament, Marilyn Gladu, the member of Parliament for Sarnia-Lambton, a Conservative colleague, introduced the national framework that passed, as I understand it, with all-party support. In keeping with that spirit, I know we will do the same here in Ontario.

It is so consequential for us, all of whom have shared experiences dealing with tragedy and death. It is very sad, and it can be most destabilizing. Knowing that there are supports at the end of life for the people we love the most is perhaps the only thing that really matters. I think what is the basis of the Compassionate Care Act is that it sets out to define palliative care. It sets out to explain and identify training, to outline with specificity the measures to support that care and, of course, to facilitate consistent access, the concept of universality—not that dignity is afforded to those in urban centres but not in rural—for all citizens of this province.

Of course, it does highlight, with the specialization for specific populations—I think of, most tragically, for children; cultural appropriateness; things like this that make a difference.

I want to reflect on what the experts believe, because my position on this is informed by those experts.

Dr. David Henderson, the former president of the Canadian Society of Palliative Care Physicians, said, "We recommend that all provinces have a provincial strategy for palliative care, like that being recommended in MPP Oosterhoff's draft private member's bill in Ontario."

Dr. Shawn Whatley, the former president of the Ontario Medical Association, said this: "As a family physician, I understand the importance of a provincial framework for palliative care and the importance of increased awareness and access for patients. I support the objective of this private member's bill and thank" the MPP "for his advocacy."

Speaker, I support this bill because humanity for the terminally ill is something that is needed in this province.

Compassion for our most vulnerable members of society is something that should bring us all together, and it seems that it is today. We want to build a better Ontario. As we seek to build a better province, we must have the infrastructure in place that supports those who are suffering and their families, with the goal of improving the quality of care for those citizens.

In the member from Vaughan-Woodbridge's and my ridings, we are going to be benefitting next year from the opening of a new hospice, the Mario and Nick Cortellucci Hospice Palliative Care Centre of Excellence, opening in just a few short months, in 2021, in the city of Vaughan—10 residential beds, a hospice supporting families, and bereavement services for the community. It really is an amazing institution founded by the most altruistic grassroots volunteers in our community. It has become an incredible advocacy organization, and it will set a standard of care when it opens, given the investments, the resources and the incredible generosity of so many citizens in the city of Vaughan.

I think why this brings us together is because compassion at the end of life is something that any child of a parent or any parent of a child—that every one of us seeks to ensure those individuals, at the end of their life, have care, respect and dignity, which is really a moral imperative for all of us in this country.

We obviously are aware of the value proposition of expanding hospice care. We are expanding palliative care services in the province, building hospices and hospital infrastructure in municipalities across Ontario, including in Vaughan and, as I understand it, in Niagara, and in many communities.

For me, this act today really is going to set in motion a national discussion, urging other provinces to follow suit, under Ontario's leadership, to ensure that these people—our families, our friends, the people we love the most—receive the respect they deserve.

The Acting Speaker (Mr. Percy Hatfield): Further debate?

Mr. John Fraser: It's a pleasure to speak to Bill 3. I want to congratulate the member from Niagara West for bringing it forward and for continuing his work on this and the work of many people.

1710

The committee experience was a great one. I do want to mention this, because usually when we're out of order, we don't get unanimous consent. It's like, "Sorry, you're out of order. We're not going to talk about it." I've been on both sides of the table when that happens. I think six times in this committee—five or six times—we were granted unanimous consent. In the first instance, it was because of the member's intervention, because that's naturally what we default to. So it really made the whole committee process really quite incredible. It's the way that committees should work in this Legislature; they don't always work that way. But it was a real pleasure. And I agree with the member from Guelph and the member from Sudbury that, even though there were things that we wanted to get in there that didn't get in, there was no

contention over it, which is also pretty incredible. So it's just a testament to the bill.

I want to thank the member from Guelph—I'm not a member of the committee; I can't put forward amendments, so we worked together. He had some things he felt were important to him, I had some things that I felt were important to me, and there was a lot of stuff we came together on. We agreed on all of it. And one of the things I want to thank the government for, because I think it's a really critical piece—and I'm glad the member for Niagara West recognized that—and that's the purpose of the bill. So I'm going to read the purpose of the bill, because we felt that the bill really needed to say, "What are we trying to do here? We're building a framework, but why are we doing that?"

"The purpose of this act is to develop a framework to ensure that every Ontarian has access to quality palliative care"—access to quality palliative care. I'm going to tell you a little story about access. I was a volunteer in palliative care. I worked in government when I worked as a staffer, and then up until I was no longer a staffer. So when I first got elected here, my father was diagnosed with an inoperable oral cancer. He had vascular dementia, and they said to him, "You've only got six months to live, and we're going to give you three palliative radiations, and they're going to start next week. You're going to get a call on Friday." On Friday, nobody called. By the next Friday, nobody called. It got solved by the Friday after that. Okay; it happens—a great doctor, but something fell off, right? There was a crack.

He gets out of his palliative radiations, and we call what was then the CCAC, and we say, "My dad's palliative now. We need to up the care because we're keeping him home; we're caring for him." And here's the message we get at the end of the line—it was about this time of year, just before Christmas—the person says, "I'm retiring. You'll have a new case worker in January." That got solved too. But it wasn't easy. And I know how these things work, like many of us do, having worked on it. It wasn't easy to find the way in. It wasn't easy to solve all those problems. We have to make those pathways easy for people.

Fast-forward—here's the good stuff—we had great care, great PSWs. They did wonderful things for my dad. They were friends. They became part of the family, and even drove my dad crazy—we're actually a bit of a crazy family, as most people's families are. It was a very enriching, although difficult, experience. We made the decision to go to hospice. My sisters and I spent two and a half weeks with him in his room. It was a bit like summer camp because we were all together, and it was really quite special. I know the hospices—the Hospice at May Court is a very special place.

It was a real privilege to follow him on that path. I think when we look at death, we don't understand that privilege to follow people on that path. It's not easy, but it's also a very deep and meaningful experience.

So that was my first day; I had just been elected. I literally was in an election 10 months later, and that

happened just before that election. I was re-elected, thankfully. I was made the PA of health, and the Minister of Health said, "What do you want to do? What do you want your mandate to be?"—which never happens in life. When you're our advanced age, nobody is ever saying to you, "Oh, you got this job. What do you want to do?" So this was the mandate that I asked for. I was very pleased to work on it and met a lot of really great people. So it's a real privilege to be able to speak about it.

I want to thank the member from Niagara West for having the bill. I really have not had an opportunity to talk about this in the Legislature very much in this mandate simply because of other responsibilities. This stuff is really important. We need to get this right. And I could probably keep you guys here till 12 o'clock tonight. So I'll only use my 20 minutes. I won't filibuster.

One of the things that we need to do right now—and I know we're focused on trying to improve palliative care—is that we do have to find a way to cover all the clinical costs in hospices. There's a lot of pressure on them. All the funding has been incremental. I've been part of that incrementalism, which is like every five or six years, they get 15% and it's stuck there, and there's a lot of pressure on them right now. I was very proud of bringing out the hospice capital program. It was one that the ministry came up with. They said, "We need to do this." I'll be frank, I wasn't entirely quite convinced at the time because of the way the funding models work. Hospices are about building community support. They're about development. But it was the right thing to do, and it's helped to make sure that hospices across this province were able to—when we were in government and you're continuing with that program, it's a really great thing.

I have to say again, I want to congratulate the ministry, because they worked really hard on it and they came up with a plan that was relatively quick and it was absolutely the right thing to do. Often, we don't actually acknowledge the hard work of people in the Ministry of Health. I think they might have got an Amethyst Award for that.

So we have to find a way to cover those clinical costs. We still have to make sure that it's a community effort, a community development. Fundraising is a big part of that because it helps to spread the word and bring people in.

We have to look at visiting home hospice, and I think there's a way to do that. I just get a sense, from not just the government but everyone in this room, that there's support to try to find a way to do those things.

The other thing that we have to remember is that palliative care occurs in every setting. It occurs in hospitals and it occurs in long-term care. Having done the work that I did, you often forget the things that you were part of doing, but you're always very acutely aware of the work that you weren't able to do, the things that you couldn't do for people that you wanted to get done. I think we have to look at those settings because somewhere between 40% and 60% of people are going to pass away in hospital. It's just going to happen. That's sometimes where people want to be. That's where they think they need to be. So there's a lot of work to be done there. It's

not just here in government and in this Legislature, but it's also within groups like the OMA and the OHA and all those outside bodies that can make it work.

I want to tell you another little story. My father passed away on April 6, 2014. Nine months to the day after that, our first grandson, Vaughan, was born. We were all excited. Everybody is always ready when a baby is being born: Governments are ready, schools are ready, hospitals are ready, families are ready, communities are ready. We really anticipate this, and we're really ready for when people come into the world. I was thinking this and then I thought about my dad. And I said, "We weren't really ready—not so much."

What came from that is that people who are leaving this world deserve the same kind of attention that we give to people coming into this world. This is a quote from Lao Tzu, "Life and death are one thread viewed from opposite ends." For those of you who have an opportunity to follow along a path with somebody, know that it's a privilege and that it's a transition.

I can remember, most recently, my mother-in-law passed away, and she was in palliative care at Perley and Rideau Veterans' Health Centre. She was 97; she had a good life. She declined rather quickly. I spent her last two nights with her and was there when she passed away for her last breath. It reminded me of when our first child was born. I had that same feeling, and that feeling was awe, that I had just witnessed something that meant the whole world was never going to be the same again. I didn't quite fully comprehend what that meant, other than I knew how I felt.

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So there are a lot of good reasons for us to get this right. This bill is really an important step forward. There's more work to be done. There's more work to be done outside this Legislature, outside the government, in communities, in hospitals, in long-term-care homes, in schools. We have to talk about this, and we have to realize that we have to face our mortality and the mortality of the ones that we love and make sure that we can accompany people on a path that is sometimes very difficult and hard but is important, and can sometimes be very beautiful and provide resolution.

Like I said, I could go on for a long time. I think I've taken enough of everyone's time. I want to again congratulate the member from Niagara West for this bill, and how we worked to get this done. It made me feel very proud of the committee, very proud of us as a group. It was a great thing to have happen before Christmas.

Merry Christmas. I know it's early.

The Acting Speaker (Mr. Percy Hatfield): Further debate? Further debate?

Mr. Oosterhoff has moved third reading of Bill 3, An Act providing for the development of a provincial framework on palliative care. Is it the pleasure of the House that the motion carry? Carried.

Be it resolved that the bill do now pass and be entitled as in the motion.

Third reading agreed to.

The Acting Speaker (Mr. Percy Hatfield): Orders of the day.

Hon. Paul Calandra: Mr. Speaker, if you seek it, I'm sure you'll find unanimous consent to see the clock at 6.

The Acting Speaker (Mr. Percy Hatfield): The government House leader is seeking unanimous consent to see the clock at 6. All those in favour? Agreed? Agreed. The clock is at 6.

PRIVATE MEMBERS' PUBLIC BUSINESS

PUBLIC HEALTH ACCOUNTABILITY ACT (IN HONOUR OF DR. SHEELA BASRUR), 2020

LOI DE 2020 SUR LA RESPONSABILITÉ EN MATIÈRE DE SANTÉ PUBLIQUE (EN HOMMAGE À LA DRE SHEELA BASRUR)

Madame Gélinas moved second reading of the following bill:

Bill 227, An Act to amend the Health Protection and Promotion Act with respect to the positions of Chief Medical Officer of Health and Associate Chief Medical Officer of Health and related matters / Projet de loi 227, Loi modifiant la Loi sur la protection et la promotion de la santé en ce qui concerne les postes de médecin-hygiéniste en chef et de médecin-hygiéniste en chef adjoint et des questions connexes.

The Acting Speaker (Mr. Percy Hatfield): Pursuant to standing order 101, the member has 12 minutes for her presentation.

M^{me} France Gélinas: It is my pleasure to put a few words on the record for the Public Health Accountability Act (In Honour of Dr. Sheela Basrur). The act has three parts. The first one is to make the Chief Medical Officer of Health an independent officer of the Legislative Assembly. The second part is to have a select committee of parliamentarians whenever a public health emergency or a pandemic is declared. The third part is to honour Dr. Sheela Basrur. I will go into more detail as to those three parts.

The first one, making the Chief Medical Officer of Health an independent officer of the Legislature: There is a body of evidence that has grown since 2003 about the need for Ontario to do this. I will bring you back 17 years ago, to 2003, when the SARS epidemic killed 44 Ontarians. Three reports from the SARS epidemic followed. The first interim report put forward 21 principles for reform. I'll quote two of them.

The first one: "(12) The Chief Medical Officer of Health, while accountable to the Minister of Health, requires the independent duty and authority to communicate directly with the public and the Legislative Assembly whenever he or she deems necessary."

Second: “(14) The Chief Medical Officer of Health should have operational independence from government in respect of public health decisions during an infectious disease outbreak. Such independence should be supported by a transparent system requiring that any ministerial recommendations be in writing and publicly available.”

That was from the first report. It goes on to say, the commission—that is the SARS Commission—noted, “There is a growing consensus that a modern public health system needs an element of independence from politics in relation to infectious disease surveillance, safe food and safe water, and in the management of infectious outbreaks....”

“The Chief Medical Officer of Health should not report to any specific minister but ... to a neutral non-political third party.”

I want to quote from Richard Schabas, who is a former Chief Medical Officer of Health. He said the following in the aftermath of SARS: “I’ve avoided discussing the impact of politics on this outbreak, but I think that to ensure that there’s public credibility, that the public understands that the public health officials are acting only in the interests of public health and are not influenced by political considerations ... we have to put greater political distance between our senior public health officials and ... politicians.”

The commission noted, “They must turn to trusted medical leadership.

“The most important thing in a public health emergency is public confidence that medical decisions are made by a trusted independent medical leader such as the Chief Medical Officer of Health free from any bureaucratic or political pressures.... People trust their health to doctors, not to politicians or government managers.”

After SARS, the government made changes to the Health Protection and Promotion Act to increase the independence and authority of the Chief Medical Officer of Health during emergencies. At the time, the minister said, “When there is a ... crisis and politicians speak, some people listen. But when there is a health crisis and the Chief Medical Officer of Health speaks, everybody listens. It is at those times, times when diseases like SARS or West Nile are a real threat, that the Chief Medical Officer of Health must be there for his or her” 12 million patients. At the time, Ontario had 12 million residents.

But in 2018, the province made changes that chipped away at that independence as part of the health ministry restructuring. The new structures made it near impossible for the Chief Medical Officer of Health to be an independent authority. “When you’re expected to be an executive responsible for program delivery ... it then becomes untenable to effectively do that while simultaneously criticizing your own government.” Dr. Hoffman said that.

I think that what a lot of criticism does not realize is how difficult it is for a Chief Medical Officer of Health in Ontario, where the role is designated in such a way that it makes it very difficult to be a leader who stands separate from the government of the day. By contrast, Bonnie

Henry is not responsible for delivering government programs, which puts her in a better position to convey health information to the public because she’s not constrained by internal commitments to the government’s agenda. Bonnie Henry is the chief medical officer of health in British Columbia.

It goes on to say, “A huge part of public health is communications—and it’s best done by scientists and doctors, not by politicians. That’s because once a politician takes the lead on communications it becomes a political issue.”

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The body of evidence comes also from the Canadian Journal of Public Health. It goes on to say, “On the one hand, they”—Chief Medical Officers of Health—“are public servants who confidentially advise governments on public health matters and manage the implementation of government priorities. On the other hand, CMOHs are perceived as independent communicators and advocates for public health.”

This creates great potential for confusion and conflict, particularly with respect to a Chief Medical Officer of Health’s authority to act as a public health advocate.

They end by calling on government to clarify their preferences when it comes to the Chief Medical Officer of Health’s role, and either amend the relevant statutes or otherwise find ways to clarify the mandate of their Chief Medical Officer of Health.

This is exactly what this bill will do. It will make clear that Ontario’s Chief Medical Officer of Health can communicate independently and advocate for public health, even when the government does not want to hear it. This is what an independent officer of the Legislature does.

I want to quote from Lorian Hardcastle, a University of Calgary professor: “If the CMOH and politicians are not in agreement on something or if the CMOH is advising stricter measures than the government is implementing, they should make that clear to the public. While certain public health decisions require public funds, some, like masking, do not. Therefore could be left entirely to the CMOH.”

She goes on to say, “I think a lot needs to be reconsidered in terms of their role in the legislation,” and I agree. This legislation will make it clear.

I wanted to quote from Dr. Andrew MacLean who—same thing. He writes: “MOH make their best recommendations to politicians, who must consider other social services, directions from their caucus,” as well as political will. “So there is a natural tension between medical officers of health and their political masters about what information to share.”

The body of evidence that supports moving away from the system that we have now, where the Chief Medical Officer of Health reports to both the Minister of Health as well as the Legislative Assembly, is very robust and needs to be acted upon.

I want to thank Dr. Ross Upshur, who is the division head of clinical public health at the University of Toronto Dalla Lana School of Public Health and who is in favour

of the bill. He says, “I am completely in support of anything that grants the CMOH more independence to speak and act in the best interests of public health.”

The second part of the bill deals with the select committee of the Legislature. Basically, what that would mean is that if there is a public health emergency that is declared, representatives from all parties as well as independents—if there are independent politicians at the time—would have an opportunity to question the Chief Medical Officer of Health and give the Chief Medical Officer of Health an opportunity to answer those questions without interference from the government.

I would like to quote Dr. Michael Rachlis, a public health physician and an adjunct professor at the University of Toronto Dalla Lana School of Public Health, who says that the proposed changes are needed: “The COVID crisis has demonstrated that Ontario’s Chief Medical Officer of Health needs to be as independent of politics ... as possible. Additionally, mandating a select legislative committee to deal with public health emergencies would help to protect our health and our democracy.” That’s from Dr. Rachlis.

The last part of the bill is to honour Dr. Sheela Basrur. Dr. Basrur was the medical officer of health in Toronto when we had the SARS crisis. She then became the Chief Medical Officer of Health for Ontario. Throughout her work, she really taught us what public health communication could do and should do.

I would like to thank Dr. Penny Sutcliffe, a medical officer of health and chief executive officer for Public Health Sudbury and Districts, who praised Sheela Basrur’s legacy of leadership and transparency. She says, “Dr. Sheela Basrur’s enduring legacy for the province of Ontario is the high bar she set for transparency, accountability, and scientific rigour in public health leadership. Sheela was a remarkable collaborator, communicator, and systems thinker—able to bring disparate groups together to rally around common values—all for the betterment of the public health system and, ultimately, the health of all Ontarians.” That’s a quote from Dr. Sutcliffe. I agree with her.

Monsieur le Président, ça me fait plaisir de présenter le projet de loi, qui va faire trois choses. La première chose : le médecin hygiéniste en chef sera un officier indépendant de l’Assemblée législative qui pourra parler directement au public, aux 14,5 millions d’Ontariens et d’Ontariennes. La deuxième partie du projet de loi est pour former un groupe pour que les élus soient capables de parler directement au médecin hygiéniste en chef et que lui ou elle soit capable de leur répondre directement sans l’influence du gouvernement. La dernière partie du projet de loi est vraiment pour honorer la D^{re} Sheela Basrur. La D^{re} Basrur était la médecin hygiéniste de Toronto lorsqu’on a eu la crise du SRAS. Elle nous a montré par ses valeurs l’importance de la santé publique. Elle est ensuite devenue la médecin hygiéniste en chef.

I think it is high time that we look at the independence of our Chief Medical Officer of Health, and I hope we’ll have the support of the House to do that.

The Acting Speaker (Mr. Percy Hatfield): Further debate?

Mrs. Robin Martin: I appreciate the opportunity to speak today on Bill 227, the Public Health Accountability Act, put forward by the member for Nickel Belt.

This bill proposes to amend the Health Protection and Promotion Act to make the Chief Medical Officer of Health an officer of the assembly. It also addresses several related matters, including specifying the way the Chief Medical Officer of Health may be appointed or removed from office, as well as the appointment of a temporary Chief Medical Officer of Health in specific circumstances.

The bill would also provide for the appointment of a select committee in the event of a declaration of an emergency under the Emergency Management and Civil Protection Act that relates to a public health event or a pandemic or may have health impacts anywhere in Ontario.

Speaker, I want to speak to these items, but also more broadly about the role of the Chief Medical Officer of Health in the province of Ontario and how that role may differ from similar positions in other provinces and territories. In fact, even in comparison to other appointments made by this Legislature and by this government, it is a rather unique position. While many other jurisdictions in Canada have a centralized public health system, Ontario is different. We long ago developed a distinctive structure that currently has 34 public health units and 34 local medical officers of health. Each of these units is required to tailor public health interventions to meet the unique needs of their communities. It’s all about delivering the right services based on local needs.

But we have a Chief Medical Officer of Health to provide advice to the government, to the Legislature and to the people of Ontario on matters of public health. We have a Chief Medical Officer of Health to help coordinate the provincial activities and programs across all of those 34 public health units and, yes, we have a Chief Medical Officer of Health empowered under the law to take action to protect the health of the people of this province—to issue directives to health care providers or health care entities or, if absolutely necessary, to take any action that would otherwise be within the scope of a local board of health or medical officer of health.

These are important and necessary powers for the Chief Medical Officer of Health to have, but they are rather exceptional. And this is exactly why the Chief Medical Officer of Health is currently appointed by the Lieutenant Governor in Council on address of the Legislative Assembly. This is exactly why the Chief Medical Officer of Health typically holds office for a term of five years and may be reappointed on address of the Legislative Assembly. And this is exactly why the Chief Medical Officer of Health may only be removed for cause on address of the Legislative Assembly. And this is exactly why the Chief Medical Officer of Health must be a physician of at least five years’ standing and possess the qualifications for a medical officer of health set out in the regulations. This is exactly why the chief medical officer

must make an annual report on the state of the public health to the Legislature, and may make reports to the public at any time.

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But in addition to these responsibilities, the Chief Medical Officer of Health and his or her office plays an important role within the Ministry of Health. The Chief Medical Officer of Health is currently responsible for the management and implementation of various health protection, health prevention and health promotion programs run by the Ministry of Health.

Speaker, I'm not here to suggest that this model is perfect. Indeed, we all recognize that the unique nature of Ontario's public health system poses some challenges, and that's why our government actually started the hard work to modernize our public health system long before the COVID-19 pandemic hit our province. We have long said we would be reviewing and modernizing our public health system in this province. We remain committed to that work once the pandemic has passed. But the middle of a global pandemic is not the right time to make these dramatic changes.

If the bill before us today was to become law, the role of the Chief Medical Officer of Health would change from a collaborative one to an adversarial one, where the role and the office would be completely separated from the Ministry of Health and from the government decision-makers that are, for example, issuing regulations under the reopening Ontario act to tighten or loosen various public health measures.

Speaker, let me put this simply: One cannot simultaneously be an independent officer of the Legislature and an active, engaged adviser to the government of the day. One cannot simultaneously be an independent officer of the Legislature and a public servant tasked with carrying out the statutory responsibilities that currently exist under the Health Protection and Promotion Act.

If the official opposition thinks Ontario would be better served by removing the Chief Medical Officer of Health's current legal authorities and role advising the government, they are welcome to make that argument, because that's exactly what this bill would do. It would be consistent with some of the bizarre arguments that they made in the House in the last week, such as that the government should listen to the advice of the Chief Medical Officer of Health under all circumstances, except for when the official opposition disagrees with that very advice.

But we feel that the people of Ontario are best served, at least for the immediate future, by ensuring that the Chief Medical Officer of Health can continue to advise the government, can continue to have input on public health measures, and yes—

Interjections.

The Acting Speaker (Mr. Percy Hatfield): Order, please.

Mrs. Robin Martin: —can continue to oversee important programs for the Ministry of Health.

Speaker, I also want to take a moment to address something that the member for Timmins raised during

debate last week, when we were all here into the evening discussing the extension of the Chief Medical Officer of Health, about how Chief Medical Officers of Health in other provinces are independent officers of the Legislature. He specifically cited Alberta and British Columbia as examples of this. So I looked into it, and here's what I found.

In Alberta, the Chief Medical Officer of Health is appointed by the Minister of Health and reports to the Deputy Minister of Health. In extraordinary situations, such as a public health emergency, the Chief Medical Officer of Health may instead report directly to the Minister of Health. While some independent authority exists to declare a public health emergency and issue orders, they are not an independent officer of the Legislature.

In British Columbia, the Provincial Health Officer is also appointed by the Lieutenant Governor in Council and embedded within their Ministry of Health. Like our Chief Medical Officer of Health, there is an obligation to report to the Legislature annually and a legal authority to make any report public in their Public Health Act, but they, too, are not an independent officer of the Legislature.

In fact, the legal frameworks governing the Chief Medical Officer of Health in both of these provinces, Alberta and British Columbia, have far more in common with what Ontario has in place today than with what has been put forward in the bill we are debating.

Speaker, with the time I have left, I want to touch on the other proposal contained in this bill to have the Chief Medical Officer of Health testify at committee in the event an emergency is declared. I have the privilege of serving on the Select Committee on Emergency Management Oversight, which was set up following the passage of the reopening Ontario act. At our last meeting, the current Chief Medical Officer of Health came to committee to answer questions from all parties about the government's response to COVID-19 and the recommendations he has made to fight the virus. I know the member from Humber River–Black Creek was there and asked questions. I think all the members would agree that it was a productive meeting, a great opportunity for members, as legislators, to ask questions that they needed to ask and have those questions answered. I hope we will have more opportunities to do more of the same.

That's why it was, frankly, very disappointing that the official opposition refused a motion put forward last Tuesday by the government House leader that would have asked the Chief Medical Officer of Health to do exactly that: to appear at committee.

We cannot support this bill today, and given the circumstances, given the global pandemic we are currently facing and given the continued need for the government of Ontario to seek out and implement the advice of the Chief Medical Officer of Health, I submit that it would be irresponsible for any of us to support it.

The Acting Speaker (Mr. Percy Hatfield): Further debate?

Ms. Bhutla Karpoche: During a public health crisis like the COVID-19 pandemic we're living through right

now, the Chief Medical Officer of Health should be a solid, reliable authority, someone who can speak freely and who will make decisions with only one priority: keeping people healthy and safe.

The Public Health Accountability Act gives independence to the chief medical officer. It would make Ontario's top doctor an independent officer of the assembly rather than an employee of the Premier and minister. Our experience with SARS and now with COVID has shown why it's critical to have public health advice that is free and independent of political influence, so we need to ensure that this position is one that is wholly free from political pressures.

This bill would also mandate the creation of a select parliamentary committee in the event that a public health emergency is declared, allowing all elected officials to be briefed and ask questions directly to the Chief Medical Officer of Health without any interference from the governing party. This is not the case now, and that is why we have not been able to have access to the Chief Medical Officer of Health during the second wave of the pandemic.

Transparency is key when it comes to the health and safety of the people of Ontario. Transparency builds trust. Folks know my background is in public health—epidemiology to be specific—and I know that all the hard work and expertise of public health is nothing if there is no trust from the public. Trust in public health officials is crucial to ensure that the public follows the directives during times of emergency, and this is what has been missing, especially during this pandemic.

I urge all the members of this assembly to put politics aside, work together and pass this bill.

The Acting Speaker (Mr. Percy Hatfield): I recognize the member for Ottawa South.

Mr. John Fraser: I was looking at this bill. There's stuff that I really agree with and stuff that I have some questions about, but the member from Parkdale–High Park has hit it on the head: Why are we debating this? Why is the member from Nickel Belt bringing this forward? It's about trust. It's about transparency. It's about people getting clear, consistent communications.

We have a command table brought to us by McKinsey that apparently has nobody at the top of it, and no doctors at the head table. There have been different communications over the pandemic that have confused people. Things have changed from one week to the other. All of a sudden, the structure for our COVID-19 response—the red, yellow, green—changed in a week, one week. One week, the Premier is saying, “Things are going in the right direction.” The next week, they're going in absolutely the wrong direction—exponentially.

I understand exactly why the member is bringing this forward. We need to have that clarity and transparency, and that's on the government.

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To the member from Eglinton–Lawrence: The select committee does not do the kind of work of oversight that's needed during this pandemic. It's very limited. It's very restricted. And it would have been nice at the last

meeting—I appreciate Dr. Williams and the minister being there—to have actually had maybe a five-minute heads-up. We have serious questions to ask on behalf of the people of Ontario.

I want to say this about Dr. Williams. I believe Dr. Williams is a smart, competent person. I'm not saying he's perfect, but I have a hard time throwing the mess that this government has made around the command table and public health at one person. We've got to be careful not to do that. I worry when we talk about making the—because no other Chief Medical Officer of Health is an independent officer, because they're not oversight officers; they take actions and they have extraordinary powers. Right now, maybe we'd be okay, but what happens in a minority? There's concern over that politicization. I'm not going to hang my hat on that, but when I see that, in my experience, that concerns me.

The select committee piece in the bill—spot-on; 100%. It's exactly the right thing to do. Selecting—that's what we do; that's how it should be done. And when we talk about maybe what we could do right now—the Chief Medical Officer of Health has powers to issue reports, and he has to report to us. Can anyone remember the last time a report was tabled here? Did we all look at it? I don't think so.

So maybe the powers that exist right now are just not clearly defined and emphasized—like a select committee. It's exactly right. When this pandemic started, it wasn't business as usual. We knew that. We knew we all had to work together. We knew in March things were different. That's the way things should have stayed. The government needed to bring people in, either at a select committee or with the decisions that were being made, so that we could have some confidence and join forces and actually help you, because that's what we were trying to do. But somehow, that has all unravelled.

As I said, I have some challenges with the bill, there are very strong things in the bill, but it has come to the point where we actually have to bring a bill here just so we can make this place work in the middle of a pandemic and get some trust and transparency. We shouldn't have to pass a private member's bill to do that.

I've got to say this about the select committee again: We need to change the formula of that select committee. The minister comes, and my colleague who joins me, the Vice-Chair of the committee—I can't remember your riding.

Mr. Tom Rakocevic: Humber River–Black Creek.

Mr. John Fraser: Thank you.

We get no paper. There are no records, so we don't have something to work with on the way in. We get a recitation. It doesn't work. It's not an oversight committee; it's a committee so the government can write a report, and that's not what's needed now.

To build the trust of Ontarians, we need to build the trust of the people in the Legislature. There was an opportunity to do that. That opportunity was missed, and the government needs to move forward and take that opportunity right now.

The Acting Speaker (Mr. Percy Hatfield): Further debate?

Ms. Marit Stiles: Today, I'm joining my colleagues in the opposition in support of the Public Health Accountability Act (In Honour of Dr. Sheela Basrur), Bill 227.

We're in the midst of a pandemic that has thrown our health care system, our economy, our individual lives into complete upheaval. Ontarians see clearly just how important public health expertise is to our ability to manage a threat like this.

But as we saw in the Auditor General's report, Ontario's response to COVID-19 has been marked by confusion, delays and, yes, overt political interference, leading us into a deeper second wave and a longer lockdown. I can tell you, the frustration in my community is sure real. They want the government to get its house in order so we can collectively defeat this virus.

This bill would help prevent that confusion, that disarray, that interference from happening again, by making the Chief Medical Officer of Health a truly independent officer of the Legislature, making them accountable to MPPs and, indeed, all Ontarians. It would take power out of the hands of the expensive consultants and spin doctors and put it back in the hands of real doctors and real experts. It would build public trust and ensure we're all working together to limit the risks of any new health threat.

Mr. Speaker, we must derive lessons from the tragedy of COVID-19. Now is the time. I urge all members to vote in support of this motion.

The Acting Speaker (Mr. Percy Hatfield): Further debate?

Ms. Peggy Sattler: I rise to express my strong support for this bill and my thanks to the member for Nickel Belt for bringing it forward.

Speaker, COVID-19 has brought into sharp focus our collective stake in ensuring that our fellow Ontarians follow expert public health advice, but they won't follow it if they don't feel they can trust it. Trust is built when people can hear clearly and directly from the Chief Medical Officer of Health, when they see that person speak independent of the government. Trust is undermined when communication that comes from the Chief Medical Officer of Health is mediated by politicians, because it raises questions about who is calling the shots.

Especially in an emergency, trust is essential. When hard decisions must be made, trust gains buy-in for actions that may not be popular but are necessary to protect public health. It lets people feel secure that if the government is heading in the wrong direction, the Chief Medical Officer of Health will stand up for the actions that must be taken, even if there are political costs—because the health costs of a lack of trust are significant and put us all at risk.

Ontarians deserve to feel confident that rules imposed to protect public health are grounded in science, not political whim. We can provide that confidence by passing this bill today.

The Acting Speaker (Mr. Percy Hatfield): Further debate?

Ms. Jessica Bell: I rise today to speak to Bill 227, the Public Health Accountability Act, introduced by my colleague the MPP for Nickel Belt.

We're living through a horrific pandemic, the worst crisis that we have seen in our lifetime. Many residents of long-term-care homes in my riding have died, from the 35 residents in Mon Sheong to the eight residents at Vermont Square. They've been joined by over 3,000 people across Canada. These are lives, not numbers, and they were loved. And some of these people did not have to die.

In times of medical crisis, it is essential that our Chief Medical Officer of Health is a solid and reliable authority—someone who can tell the truth and make decisions to protect our health—on sharing the latest science and information on how the virus spreads and where it's spreading and how we should respond; on testing, on contact tracing; on when we can open up and when we should lock down. For the Chief Medical Officer of Health to do their job, they need to focus on how to keep us healthy, and that person should be an independent officer of the Legislature and not an employee of the Premier.

A pandemic is not the time to play partisan politics. A truly independent Chief Medical Officer of Health will help us get this pandemic as best as we can and help us respond to it as quickly as we can.

I urge all MPPs in this Legislature to vote for this bill.

The Acting Speaker (Mr. Percy Hatfield): I recognize the member for Ottawa Centre.

Mr. Joel Harden: I want to read from the first paragraph of the 2004 interim report on SARS and public health in Ontario. It reads: "There is a growing consensus that a modern public health system needs an element of independence from politics in relation to infectious disease surveillance, safe food and safe water, and in the management of infectious outbreaks."

What have we learned since 2004?

Last week, Bonnie Lysyk, the Auditor General for this province, had the courage to say the following: The current "Chief Medical Officer of Health did not fully exercise his powers under the Health Protection and Promotion Act." That's not necessarily an impugning of Dr. Williams, but it begs the question of what is going wrong.

The Ontario I love is the Ontario that leads.

As the critic for people with disabilities in this province, I have to say this in my final remarks: We're reaching the threshold of 150 ICU cases in this province. We have 1,700 to 1,800 new COVID-19 cases a day. People with disabilities want a Chief Medical Officer of Health in this province who will stand up for them and tell them who is going to get access to services when they're admitted to a hospital. Do we discriminate on the basis of ability in this province?

Speaker, I'll say this in closing: How are we going to distribute the COVID-19 vaccine in this province? Are we going to continue to worry about getting access to that if we have instability? We need independence. We've been talking about it for so long.

I am so thankful to my colleague for introducing this bill. People with disabilities want independence in the medical profession at the highest levels. We need it now.

1800

The Acting Speaker (Mr. Percy Hatfield): Further debate?

Mr. Chris Glover: I'm here to speak in favour of the member from Nickel Belt's bill.

Last week, we received the Auditor General's report, which was a scathing indictment of the government's handling of this pandemic. We can see the results right now. We've got 1,800 new cases a day in Ontario in this second wave. We didn't have to be in this second wave, if the proper preparations had been taken. The Auditor General was very clear that the whole response to the pandemic has been dominated by confusion, delays and political interference. She said also that the health command table is not led by public health experts.

So the member from Nickel Belt is proposing this bill today, which would make the Chief Medical Officer of Health an independent officer of the Legislature and free them from political interference in their statements and decisions. I fully support this, and I hope the government will, as well.

The Acting Speaker (Mr. Percy Hatfield): The member for Sudbury.

Mr. Jamie West: Bill 227 will make the Chief Medical Officer of Health an independent officer. That's important. Currently, the Chief Medical Officer of Health is not arm's length from the government. They're simply not independent. Instead, the Chief Medical Officer of Health reports to the deputy minister, the deputy minister then reports to the Minister of Health, and the Minister of Health then reports to the Premier.

Literally one week ago, my colleague the member from Nickel Belt spoke about the importance of having an independent Chief Medical Officer of Health.

The following morning, the Auditor General, who is independent, released a report on the province's response to COVID-19. The report was honest, but it was definitely not flattering to the government. The report said that the Conservative response had been "cumbersome, reactive and political." It also said that the Premier and the cabinet were responsible for decision-making, and not the Chief Medical Officer of Health—which is the point of decoupling.

The following day in the news, it was reported that the Premier—I don't want to say attacked, but—

Miss Monique Taylor: He did.

Mr. Jamie West: Yes, okay. The Premier was unfriendly to the Auditor General. I believe that if the Auditor General wasn't independent, it would take a substantial amount of courage for her to tell this government what they need to hear and not what they want to hear.

When it comes to health care, you need to hear what you need to hear.

I think it's easy to connect the dots between the damning report of Ontario's independent Auditor General

and the need for the Chief Medical Officer of Health to be uncoupled from the government—and not just this government; I mean any government—to be completely independent so that the province has faith in the decisions they're making, that they aren't politically motivated and for the best circumstances.

This is why I agree with my colleague from Nickel Belt that the Chief Medical Officer of Health must be independent.

The Acting Speaker (Mr. Percy Hatfield): The member for Hamilton Mountain.

Miss Monique Taylor: I full-heartedly support this bill that has been brought forward by my colleague from Nickel Belt. She has spent many years in this House navigating our health care system, and I trust her instincts when it comes to our health care system.

I think it's unfortunate that the government spoke out against this, that they won't be supporting this. This is a move in the right direction. But we have seen what they have done to other advocates and other independent officers of this Legislature.

I will be supporting this today.

The Acting Speaker (Mr. Percy Hatfield): The member for Nickel Belt has two minutes to reply.

M^{me} France Gélinas: It was interesting talking about public health in this House. What my private member's bill, Public Health Accountability Act (In Honour of Dr. Sheela Basrur), does is bring more direct communication.

Let's face it, during a pandemic or any other public health crisis, public health asks us to do things we don't want to do. They ask us to wear a mask. They ask us to stay two metres away. They ask us to not hug our grandchildren or children, to limit the people in our bubble. They ask us to shut some businesses down and lose our jobs and go home. Those are all difficult asks of the people, and how you motivate the people to follow those demands is through trust. People trust physicians way more than they trust politicians. What this bill does is that it ensures Ontarians that the directive that you are getting from the Chief Medical Officer of Health is for the betterment of your health.

There is nothing wrong with the government being involved in the pandemic. The government should be there to support the businesses that are forced to close. The government should be there to do their part as a government. But the health risks to us during a pandemic—it has to come from an independent medical expert, and that's the Chief Medical Officer of Health.

The second part, to have a committee of legislators, is really to make sure that we can ask questions, that we can help the government and the Chief Medical Officer of Health during a pandemic to show that we're going in the right direction.

The last part of the bill is really to honour Sheela Basrur. She was a Chief Medical Officer of Health who showed us what transparency and accountability can do.

The Acting Speaker (Mr. Percy Hatfield): The time provided for private members' public business has expired.

Ms. G elinas has moved second reading of Bill 227, An Act to amend the Health Protection and Promotion Act with respect to the positions of Chief Medical Officer of Health and Associate Chief Medical Officer of Health and related matters.

Is it the pleasure of the House that the motion carry? I heard a no.

All those in favour of the motion will please say “aye.”

All those opposed to the motion will please say “nay.”

In my opinion, the nays have it.

Pursuant to standing order 101(d), the recorded division of this item of private members’ public business will be deferred to the proceeding of deferred votes.

Second reading vote deferred.

The Acting Speaker (Mr. Percy Hatfield): Pursuant to standing order 36, the question that this House do now adjourn is deemed to have been made.

ADJOURNMENT DEBATE

ENVIRONMENTAL PROTECTION

The Acting Speaker (Mr. Percy Hatfield): The independent member for Guelph has given notice of dissatisfaction with the answer to a question given by the Minister of the Environment, Conservation and Parks. The member for Guelph will have five minutes to state his case and someone from the other side, perhaps a parliamentary assistant, will have up to five minutes to respond.

We turn now to the member from Guelph.

Mr. Mike Schreiner: I rise today to defend the work that conservation authorities do to protect drinking water and to protect us from flooding. Since I first raised this issue in question period, a growing number of municipalities, elected officials and community organizations have asked the government to withdraw schedule 6 from Bill 229. Sixty-four community organizations are running ads asking the government to stop attacking conservation authorities. In addition, many municipalities, including Ontario’s Big City Mayors and the Association of Municipalities of Ontario, have asked the government to withdraw schedule 6.

People are speaking out against schedule 6 because flooding is the costliest extreme weather risk in Canada, causing insurance payouts of over \$1 billion in 11 of the last 12 years. The damage to public infrastructure is three times that amount. Experts say that the cost of flooding will triple over the next decade. That is why it is fiscally irresponsible for the government to act with such reckless disregard for the way conservation authorities have saved lives and money.

Speaker, I want to address some of the government’s responses to my questions. I’ve been surprised that PC members have questioned the effectiveness of CAs. A federal government report on the cost of weather damage cited the unique role conservation authorities play in mitigating the risk and cost of flooding in Ontario. The province’s own special adviser on flooding specifically identified the important role CAs play in reducing flood

risk, and that CAs need more tools to do their job better. But instead of giving CAs more tools, the government wants to undermine them. CAs are science-based, non-partisan agencies. Granting permitting authority, by contrast, to the minister would take the science out of the equation, effectively politicizing the permitting process and allowing for irresponsible development that may be unsafe or damage natural infrastructure.

1810

Secondly, government members have said that they are strengthening CAs, but that’s not what municipalities, scientists and CAs are saying. I want to quote the mayor of Milton: “These changes would hurt residents if housing is allowed to be built in flood plains—and who is going to pay? It will be our local taxpayers picking up the bill for events that could have been prevented.”

Or let me quote the chair of the Lake Simcoe Region Conservation Authority: “The changes will in fact strip conservation authorities of their ability to ensure that people, infrastructure and the environment are protected from damage and destruction that cannot be repaired.” Speaker, I could go on, but my time is limited.

The minister has also said that CAs are not transparent or accountable. I want to be clear that we need more transparency and accountability, not less in government. That’s why I was pleased when CAs approved new administrative bylaws in 2018 to improve transparency and accountability. The irony of schedule 6 is that it will likely increase red tape and administrative costs.

Fourth, government members have said there is no appeals process for CAs, but, Speaker, there currently is an appeals process to the Mining and Lands Tribunal. But less than half of 1% of CA decisions are appealed through the tribunal. This low number is not an indication that CAs are doing a bad job; it’s that they’re actually doing a good job.

I want to conclude by highlighting a few points as to why schedule 6 is so problematic. Almost 70% of the wetlands in southern Ontario have been paved over, and it’s vital that we protect them. The Insurance Bureau of Canada estimates that 10% of the 10.9 million homes in Canada are at risk of flooding because they are built in flood plains. I know that some developers complain when CAs say no to paving over wetlands and building in flood plains, but these science-based decisions save lives and they save and protect people’s property.

A University of Waterloo study has shown that wetlands decrease the cost of flooding by 38%. The average cost to repair a flooded basement is \$43,000. By contrast the Grand River Conservation Authority in my riding provides flood protection at \$2.81. CAs protect drinking water and they protect us from flooding at bargain basement prices, and they should be protected, preserved and strengthened.

The Acting Speaker (Mr. Percy Hatfield): One of the parliamentary assistants will reply. She’ll have up to five minutes. I turn to the member for Barrie–Innisfil.

Ms. Andrea Khanjin: I’m pleased to have the opportunity to respond to the member for Guelph and answer his

questions. I want to assure members of the House that our government is firmly committed to protecting Ontario's residents and communities against the impacts of flooding. We also recognize the problem of flooding is increasing as a result of extreme storms brought on by global climate change, and the honourable member does claim that we are gutting the ability of conservation authorities to protect Ontarians against the effects of flooding and enabling the government to override decisions supported by science. Speaker, nothing could be further from the truth, and this is a misrepresentation.

Our government understands the value of conservation authorities. After all, it was under a Conservative government in 1946 that the Conservation Authorities Act was created to restore responsible management of hydrological areas. It was through this initiative brought through a Conservative government that we continue to work with conservation authorities when it comes to protecting and preserving against natural hazards. Conservation authorities are critical to protecting against natural hazards as well as our drinking water and of course, through the watershed approach provided by the Conservation Authorities Act, conservation authorities help protect people and property from unpredictable and extreme weather that has been aggravated because of flooding and, of course, other natural hazards.

This role is becoming even more important, protecting people against flooding, as we see extreme weather events, and that is just what we're doing with our changes. I will reiterate that the changes we are making are to help conservation authorities with the impacts of and combatting flooding. Let me be crystal clear if there's any misconception here and to help bust any myths about the minister's permitting decisions in these situations. The exact same criteria, standards, definitions and rules will be considered and the rigour remains unchanged. In fact, decisions will be based on science that considers section 28.1(a), (b) and (c) in the act, just as they did previously. That rigour will continue, full stop.

Over the years, conservation authorities have expanded past their original core mandate, which is why we're putting in these changes: because zip-lining, photography and wedding permits don't help prevent flooding. However, what does help prevent flooding, of course, is empowering these conservation authorities with the ability to protect from natural hazards, which is still under our changes.

Of course, Speaker, with the proposed changes, we're giving municipalities greater control, so they're able to enter into agreements, if they choose, with conservation authorities to fund any other programs outside their core mandate—if they choose.

We heard that conservation authorities do not apply the same rules and fees as other neighbouring CAs. What we heard from constituents across Ontario, and what they've been asking for for two years, which is why we've been consulting, is that there are inconsistencies. For example, a constituent reached out and contacted the ministry to request help to secure a permit from the TRCA for a

culvert to access a portion of his property where he wanted to plant 5,000 trees. He needed the government's help to simply get permission to plant these trees, an initiative the member opposite claims to be passionate about.

In addition to this, today in committee we heard about section 21.1(b) when it comes to notice of trespassing, where a small business owner put their livelihood into a business, only for a conservation authority official to go in there for a lunch, and after that lunch they got slapped with a fine. Speaker, this is not transparent.

In addition to that, during the completion of maintenance and repair, Quinte Conservation filed charges against a landowner for completing certain restoration actions, resulting in a five-day trial in an Ontario Court of Justice and a large fine. Speaker, this person was trying to restore his shoreline and protect the environment.

Then there was an example of a couple in Carp who spent over \$700,000 to build their home, and were then told a month later that they actually have no ownership over their property and they have no input on their driveway, their patio, their soil or any part of their property.

Speaker, we want to fix the inconsistencies, to ensure that Ontarians' hard-earned money is being spent appropriately and to provide consistency across the board, because at the end of the day, there is only one taxpayer. The honourable member accuses us of attacking conservation authorities by taking away their ability to protect Ontarians and their environment, as well as infrastructure, but just to put it into context, in 2017 there were 25 conservation authorities that were spending less than 20% of their budget on flood mitigation. In fact, 10 of those 25 conservation authorities were spending even less than they were spending, closer to 10%.

The proposed changes we are doing moving forward will fix this and will bring conservation authorities back to their core mandate and address the very concerns the member opposite is raising. Misinformation suggesting that the government is gutting conservation authorities or intervening in their operations simply in the interest of developers is not based on fact.

The Acting Speaker (Mr. Percy Hatfield): I would caution the member: If the word "misinformation" was used, I would ask you to withdraw and never to repeat that again.

Ms. Andrea Khanjin: Withdraw. Thank you, Speaker.

The Acting Speaker (Mr. Percy Hatfield): Thank you very much.

COVID-19 RESPONSE

The Acting Speaker (Mr. Percy Hatfield): The member for Nickel Belt has given notice of dissatisfaction with a question posed earlier to the Minister of Health. The member for Nickel Belt will have up to five minutes to debate the matter, and the parliamentary assistant can respond for up to five minutes.

We turn now to the member from Nickel Belt.

M^{me} France Gélinas: Since June, I have been working with members of the government to try to help Jo-Anne

Palkovits. Jo-Anne Palkovits is the CEO of St. Joseph's Continuing Care Centre, as well as St. Joseph's Villa and St. Gabriel Villa. The continuing care centre is a hospital; the two villas are two long-term-care homes. She hasn't been able to get N95 masks since June.

I've also received a letter by Dr. Robert Basilij, who has written an email to the Premier but also shared it with me. The subject is N95 supply.

1820

"This is a copy of an email that I have sent to Premier Doug Ford.

"I am a 62-year-old rural family physician who works in one of three COVID clinics in the Grey Bruce health region.

"One of my fellow physicians in the COVID testing clinic acquired COVID-19. He works in the testing site five to six days a week. He wears a surgical mask and shield while working. He should have been wearing an N95 mask—the current gold standard of protection. However our hospital CEO actively discourages the use of N95s in the test centres because we have such a limited supply.

"So eight months into the pandemic and we are still discussing PPE.... They continue to maintain that N95 masks must be saved for more important use because we have so few. It reminds me of World War I generals ordering front-line men into battle with substandard rifles.

"According to London Health Sciences data there are 15 physicians and staff off work because of COVID at the present time with 55 more being investigated." That's dated November 22; things have gotten worse since then.

"How many health care workers need to fall ill before the government re-evaluates the PPE it provides to those on the front lines? If you were facing growing numbers of COVID-positive people who are coughing and sneezing every day, would you want to be wearing what bureaucrats think is good enough, or would you want the best protection available?"

He goes on to say: "Why after eight months do we not have a supply of N95 masks to protect the health care staff especially in COVID clinics?"

That's Dr. Robert Basilij.

I also have many quotes from the Ontario Nurses' Association that talk about the PHAC, Public Health Agency of Canada, which has updated their directive in line with the Centers for Disease Control and Prevention, which basically says that we now know enough about COVID-19 to know that the virus is in droplets and particles that can linger in the air for minutes to hours. They want the government to acknowledge that it may be appropriate for health care workers to use an N95 mask or equivalent during care for people, including people who are coughing or expressing bodily fluids, excretions or aerosols during the course of their routine care. But this directive is not being updated.

I've asked the minister 12 times. The first time that the minister talked about it was on September 17. She said, "We are looking at making sure that we are creating a

robust ... system, that all our homes have the necessary PPE, that N95s are included in that equation...."

On September 21, the question is from me. The answer: "The fact is that our long-term-care homes in Ontario are receiving the PPE they need. They have the PPE they require, including N95s."

On September 23, the member from London—Fanshawe—the response from the minister: "The staff in these homes do have access to the N95s. As I said, I will make sure...."

On September 28 and 29, I asked questions twice in a row. The answer: "PPE is an absolute essential. Our homes are receiving PPE supplies, including N95s.... We are endeavouring to make sure that every home in Ontario ... has the PPE supply that it needs," including N95s. "I refute the assertion that the homes do not have the PPE supply that they need. It is absolutely accurate to state that the homes have the PPE that they need at this time."

On October 8, the minister: "I have been advised that our homes have six to eight weeks of PPE."

She goes on, on October 20—the question is from me: "These N95s are going out," and the homes have the N95s that they need.

On November 2, same thing: "This is something I want to emphasize is ongoing: making sure that our homes are getting ... the PPE"—the N95s—"that they need."

And we still don't have N95s, Speaker.

The Acting Speaker (Mr. Percy Hatfield): The parliamentary assistant, the member for Eglinton—Lawrence, will have up to five minutes to respond.

Mrs. Robin Martin: Thank you to the member from Nickel Belt for the question. Our government has made clear that ensuring the health and well-being of Ontarians is our top priority, and that's why, in early October, we amended directive 5 to ensure employers continue to make appropriate PPE available to both regulated health professionals and other health care workers.

To be clear, under the amended directive, if an affected facility is in an outbreak, as declared by the local medical officer of health, and a health care worker is delivering care and services to a COVID-19 patient where a two-metres distance cannot be assured, then the health care worker can request and must receive an N95 respirator.

It is important to remember that respiratory virus transmission, including COVID-19, occurs on a spectrum from large droplets in close contact to smaller droplets, or aerosols, that have the potential to transmit across further distances. We are aware that the Public Health Agency of Canada recently revised their guidance to reflect that aerosol transmission is possible in certain circumstances. Our Chief Medical Officer of Health, Dr. David Williams, has reviewed this new medical guidance and offered his reflection on the matter.

Let me quote from Dr. Williams: "After careful review, we agree with the updated PHAC guidance. The information and evidence about COVID-19 is evolving as we learn more about this new virus. The vast majority of transmission of COVID-19 is by droplet spread between person to person. Transmission by small particles

(aerosols) has been shown to possibly occur in closed crowded spaces with poor ventilation. There is no evidence at this time that the virus is able to transmit over long distances through the air ... through air ducts.”

And the quote continues: “The most important advice is to wear a mask when physical distancing is a challenge or when it is required. Per the Chief Public Health Officer of Canada’s recommendation, we agree that Ontarians may consider a three-layer non-medical mask if they are purchasing or making additional protection.

“People shouldn’t throw away their two-layer non-medical masks, as the use of all non-medical masks is a significant contributor to reducing the transmission of COVID-19. Keep in mind that wearing a non-medical

mask alone won’t prevent the spread of COVID-19: Maintain physical distancing, wash your hands thoroughly and regularly, and stay home when you aren’t feeling well, even with mild symptoms.”

Speaker, our government continues to monitor the evidence as it evolves and will take appropriate action should the need arise. And nothing will stop us from protecting those on the front lines and providing them with all the tools they need to beat this virus. Thank you.

The Acting Speaker (Mr. Percy Hatfield): There being no further matters to debate, I deem the earlier motion to adjourn be carried. This House stands adjourned until 9:00 a.m. tomorrow.

The House adjourned at 1828.

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Horwath, Andrea (NDP)	Hamilton Centre / Hamilton-Centre	Leader, Official Opposition / Chef de l'opposition officielle
Hunter, Mitzie (LIB)	Scarborough—Guildwood	
Jones, Hon. / L'hon. Sylvia (PC)	Dufferin—Caledon	Solicitor General / Solliciteure générale
Kanapathi, Logan (PC)	Markham—Thornhill	
Karahalios, Belinda C. (IND)	Cambridge	
Karpoche, Bhutla (NDP)	Parkdale—High Park	
Ke, Vincent (PC)	Don Valley North / Don Valley-Nord	
Kernaghan, Terence (NDP)	London North Centre / London- Centre-Nord	
Khanjin, Andrea (PC)	Barrie—Innisfil	Deputy Government House Leader / Leader parlementaire adjointe du gouvernement
Kramp, Daryl (PC)	Hastings—Lennox and Addington	
Kusendova, Natalia (PC)	Mississauga Centre / Mississauga- Centre	
Lecce, Hon. / L'hon. Stephen (PC)	King—Vaughan	Minister of Education / Ministre de l'Éducation
Lindo, Laura Mae (NDP)	Kitchener Centre / Kitchener-Centre	
MacLeod, Hon. / L'hon. Lisa (PC)	Nepean	Minister of Heritage, Sport, Tourism and Culture Industries / ministre des Industries du patrimoine, du sport, du tourisme et de la culture
Mamakwa, Sol (NDP)	Kiiwetinoong	
Mantha, Michael (NDP)	Algoma—Manitoulin	
Martin, Robin (PC)	Eglinton—Lawrence	
Martow, Gila (PC)	Thornhill	
McDonell, Jim (PC)	Stormont—Dundas—South Glengarry	
McKenna, Jane (PC)	Burlington	
McNaughton, Hon. / L'hon. Monte (PC)	Lambton—Kent—Middlesex	Minister of Labour, Training and Skills Development / Ministre du Travail, de la Formation et du Développement des compétences
Miller, Norman (PC)	Parry Sound—Muskoka	
Miller, Paul (NDP)	Hamilton East—Stoney Creek / Hamilton-Est—Stoney Creek	
Mitas, Christina Maria (PC)	Scarborough Centre / Scarborough- Centre	
Monteith-Farrell, Judith (NDP)	Thunder Bay—Atikokan	
Morrison, Suze (NDP)	Toronto Centre / Toronto-Centre	
Mulroney, Hon. / L'hon. Caroline (PC)	York—Simcoe	Minister of Francophone Affairs / Ministre des Affaires francophones Minister of Transportation / Ministre des Transports

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Natyshak, Taras (NDP)	Essex	
Nicholls, Rick (PC)	Chatham-Kent—Leamington	Chair of the Committee of the Whole House / Président du comité plénier de l'Assemblée Deputy Speaker / Vice-président
Oosterhoff, Sam (PC)	Niagara West / Niagara-Ouest	
Pang, Billy (PC)	Markham—Unionville	
Park, Lindsey (PC)	Durham	
Parsa, Michael (PC)	Aurora—Oak Ridges—Richmond Hill	
Pettapiece, Randy (PC)	Perth—Wellington	
Phillips, Hon. / L'hon. Rod (PC)	Ajax	Minister of Finance / Ministre des Finances
Piccini, David (PC)	Northumberland—Peterborough South / Northumberland—Peterborough-Sud	
Rakocevic, Tom (NDP)	Humber River—Black Creek	
Rasheed, Kaleed (PC)	Mississauga East—Cooksville / Mississauga-Est—Cooksville	
Rickford, Hon. / L'hon. Greg (PC)	Kenora—Rainy River	Minister of Energy, Northern Development and Mines / Ministre de l'Énergie, du Développement du Nord et des Mines Minister of Indigenous Affairs / Ministre des Affaires autochtones
Roberts, Jeremy (PC)	Ottawa West—Nepean / Ottawa- Ouest—Nepean	
Romano, Hon. / L'hon. Ross (PC)	Sault Ste. Marie	Minister of Colleges and Universities / Ministre des Collèges et Universités
Sabawy, Sheref (PC)	Mississauga—Erin Mills	
Sandhu, Amarjot (PC)	Brampton West / Brampton-Ouest	
Sarkaria, Hon. / L'hon. Prabmeet Singh (PC)	Brampton South / Brampton-Sud	Associate Minister of Small Business and Red Tape Reduction / Ministre associé délégué au dossier des Petites Entreprises et de la Réduction des formalités administratives Minister Without Portfolio / Ministre sans portefeuille
Sattler, Peggy (NDP)	London West / London-Ouest	Deputy Opposition House Leader / Leader parlementaire adjointe de l'opposition officielle
Schreiner, Mike (GRN)	Guelph	
Scott, Hon. / L'hon. Laurie (PC)	Haliburton—Kawartha Lakes—Brock	Minister of Infrastructure / Ministre de l'Infrastructure
Shaw, Sandy (NDP)	Hamilton West—Ancaster—Dundas / Hamilton-Ouest—Ancaster—Dundas	
Simard, Amanda (LIB)	Glengarry—Prescott—Russell	
Singh, Gurratan (NDP)	Brampton East / Brampton-Est	
Singh, Sara (NDP)	Brampton Centre / Brampton-Centre	Deputy Leader, Official Opposition / Chef adjointe de l'opposition officielle
Skelly, Donna (PC)	Flamborough—Glanbrook	
Smith, Dave (PC)	Peterborough—Kawartha	
Smith, Hon. / L'hon. Todd (PC)	Bay of Quinte / Baie de Quinte	Minister of Children, Community and Social Services / Ministre des Services à l'enfance et des Services sociaux et communautaires
Stevens, Jennifer (Jennie) (NDP)	St. Catharines	
Stiles, Marit (NDP)	Davenport	
Surma, Hon. / L'hon. Kinga (PC)	Etobicoke Centre / Etobicoke-Centre	Associate Minister of Transportation (GTA) / Ministre associée des Transports (RGT) Minister Without Portfolio / Ministre sans portefeuille
Tabuns, Peter (NDP)	Toronto—Danforth	
Tangri, Nina (PC)	Mississauga—Streetsville	
Taylor, Monique (NDP)	Hamilton Mountain	
Thanigasalam, Vijay (PC)	Scarborough—Rouge Park	
Thompson, Hon. / L'hon. Lisa M. (PC)	Huron—Bruce	Minister of Government and Consumer Services / Ministre des Services gouvernementaux et des Services aux consommateurs
Tibollo, Hon. / L'hon. Michael A. (PC)	Vaughan—Woodbridge	Associate Minister of Mental Health and Addictions / Ministre associé délégué au dossier de la Santé mentale et de la Lutte contre les dépendances Minister Without Portfolio / Ministre sans portefeuille
Triantafilopoulos, Effie J. (PC)	Oakville North—Burlington / Oakville-Nord—Burlington	
Vanthof, John (NDP)	Timiskaming—Cochrane	Deputy Leader, Official Opposition / Chef adjoint de l'opposition officielle
Wai, Daisy (PC)	Richmond Hill	

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Walker, Hon. / L'hon. Bill (PC)	Bruce—Grey—Owen Sound	Associate Minister of Energy / Ministre associé de l'Énergie Minister Without Portfolio / Ministre sans portefeuille
West, Jamie (NDP)	Sudbury	
Wilson, Jim (IND)	Simcoe—Grey	
Wynne, Kathleen O. (LIB)	Don Valley West / Don Valley-Ouest	
Yakubski, Hon. / L'hon. John (PC)	Renfrew—Nipissing—Pembroke	Minister of Natural Resources and Forestry / Ministre des Richesses naturelles et des Forêts
Yarde, Kevin (NDP)	Brampton North / Brampton-Nord	
Yurek, Hon. / L'hon. Jeff (PC)	Elgin—Middlesex—London	Minister of the Environment, Conservation and Parks / Ministre de l'Environnement, de la Protection de la nature et des Parcs

**STANDING AND SELECT COMMITTEES OF THE LEGISLATIVE ASSEMBLY
COMITÉS PERMANENTS ET SPÉCIAUX DE L'ASSEMBLÉE LÉGISLATIVE**

Standing Committee on Estimates / Comité permanent des budgets des dépenses

Chair / Président: Peter Tabuns
Vice-Chair / Vice-président: Wayne Gates
Lorne Coe, Rudy Cuzzetto
Wayne Gates, Randy Hillier
Andrea Khanjin, Jane McKenna
Judith Monteith-Farrell, Michael Parsa
Randy Pettapiece, Donna Skelly
Peter Tabuns
Committee Clerk / Greffière: Thushitha Kobikrishna

**Standing Committee on Finance and Economic Affairs /
Comité permanent des finances et des affaires économiques**

Chair / Président: Amarjot Sandhu
Vice-Chair / Vice-président: Jeremy Roberts
Ian Arthur, Stan Cho
Mitzie Hunter, Logan Kanapathi
Sol Mamakwa, David Piccini
Jeremy Roberts, Amarjot Sandhu
Sandy Shaw, Dave Smith
Vijay Thanigasalam
Committee Clerk / Greffière: Julia Douglas

**Standing Committee on General Government / Comité
permanent des affaires gouvernementales**

Chair / Présidente: Goldie Ghamari
Vice-Chair / Vice-président: Mike Schreiner
Robert Bailey, Jessica Bell
Goldie Ghamari, Chris Glover
Mike Harris, Daryl Kramp
Sheref Sabawy, Amarjot Sandhu
Mike Schreiner, Jennifer (Jennie) Stevens
Daisy Wai
Committee Clerk / Greffier: Isaiah Thorning

**Standing Committee on Government Agencies / Comité
permanent des organismes gouvernementaux**

Chair / Président: John Vanthof
Vice-Chair / Vice-président: Taras Natyshak
Will Bouma, Lorne Coe
Robin Martin, Norman Miller
Taras Natyshak, Rick Nicholls
Billy Pang, Amanda Simard
Marit Stiles, Nina Tangri
John Vanthof
Committee Clerk / Greffier: Julia Douglas

**Standing Committee on Justice Policy / Comité permanent de
la justice**

Chair / Président: Roman Baber
Vice-Chair / Vice-présidente: Effie J. Triantafilopoulos
Roman Baber, Will Bouma
Lucille Collard, Parm Gill
Natalia Kusendova, Suze Morrison
Lindsey Park, Gurratan Singh
Nina Tangri, Effie J. Triantafilopoulos
Kevin Yarde
Committee Clerk / Greffière: Thushitha Kobikrishna

**Standing Committee on the Legislative Assembly / Comité
permanent de l'Assemblée législative**

Chair / Président: Kaleed Rasheed
Vice-Chair / Vice-président: Vijay Thanigasalam
Rima Berns-McGown, Michael Coteau
Faisal Hassan, Logan Kanapathi
Jim McDonell, Christina Maria Mitas
Sam Oosterhoff, Kaleed Rasheed
Sara Singh, Donna Skelly
Vijay Thanigasalam
Committee Clerk / Greffière: Tonia Grannum

**Standing Committee on Public Accounts / Comité permanent
des comptes publics**

Chair / Présidente: Catherine Fife
Vice-Chair / Vice-présidente: France Gélinas
Deepak Anand, Jill Andrew
Toby Barrett, Stephen Blais
Stan Cho, Stephen Crawford
Catherine Fife, France Gélinas
Christine Hogarth, Daryl Kramp
Michael Parsa
Committee Clerk / Greffier: Christopher Tyrell

**Standing Committee on Regulations and Private Bills / Comité
permanent des règlements et des projets de loi d'intérêt privé**

Chair / Président: Deepak Anand
Vice-Chair / Vice-président: John Fraser
Deepak Anand, Toby Barrett
Will Bouma, Stephen Crawford
John Fraser, Laura Mae Lindo
Gila Martow, Paul Miller
Billy Pang, Dave Smith
Jamie West
Committee Clerk / Greffier: Isaiah Thorning

**Standing Committee on Social Policy / Comité permanent de
la politique sociale**

Chair / Présidente: Natalia Kusendova
Vice-Chair / Vice-président: Aris Babikian
Aris Babikian, Jeff Burch
Amy Fee, Michael Gravelle
Joel Harden, Mike Harris
Christine Hogarth, Belinda C. Karahalios
Terence Kernaghan, Natalia Kusendova
Robin Martin
Committee Clerk / Greffière: Tanzima Khan

**Select Committee on Emergency Management Oversight /
Comité spécial de la surveillance de la gestion des situations
d'urgence**

Chair / Président: Daryl Kramp
Vice-Chair / Vice-président: Tom Rakocevic
Robert Bailey, Gilles Bisson
John Fraser, Christine Hogarth
Daryl Kramp, Robin Martin
Sam Oosterhoff, Lindsey Park
Tom Rakocevic, Sara Singh
Effie J. Triantafilopoulos
Committee Clerk / Greffier: Christopher Tyrell